

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Foltsbrook Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 North Washington Street Herkimer, NY 13350	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>48446</p> <p>Based on observation, interview, and record review during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not ensure the right to reside and receive services with reasonable accommodation of resident needs and preferences for 1 of 1 resident (Resident #4) reviewed. Specifically, Resident #4 was not provided with a meal before going to outside dialysis (filtering of blood during kidney failure) appointments.</p> <p>Findings included:</p> <p>The facility policy, Food Palatability, revised 12/2024, documented the facility provided residents with nutritious, well-balanced, and palatable meals that met their individual dietary needs and preferences.</p> <p>The facility policy, Medical Transport Process, dated 8/12/2024 documented when an appointment was scheduled early in the morning and the resident was not allowed to eat prior to the appointment, dietary was notified and a to go breakfast was prepared for the resident. This pertained to any meal missed when on an appointment. If residents choose not to take a meal, one would be prepared upon return.</p> <p>Resident #4 had diagnoses including chronic kidney disease and dependence on renal dialysis. The 12/3/2024 Minimum Data Set assessment (a health status assessment tool) documented the resident was cognitively intact, required substantial assistance for most activities of daily living, and was dependent on renal dialysis.</p> <p>A physician order dated 10/17/2024 documented hemodialysis on Monday, Wednesday, and Friday. Pick up time 11:00 AM. Send snack/meal with resident to dialysis on Monday, Wednesday, and Friday. Send lunch.</p> <p>The Comprehensive Care Plan initiated 10/26/2024 documented the resident had a nutritional problem and was at risk for malnutrition related to dialysis three days a week. Interventions included monitor labs, a renal diet with a 1200 milliliter fluid restriction was provided, and an alternative was offered if the resident refused their meal. There was no documented evidence the care plan included provision of lunch to the resident on dialysis days.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 1/24/2025 at 11:00 AM Resident #4 was getting ready for dialysis and did not have a lunch tray in their room. They stated they never received lunch before going to dialysis and would like lunch as it was a long time to go without food from breakfast to dinner. They stated they were offered a bag lunch once or twice but were not allowed to eat at the dialysis center and therefore did not bring the bagged lunch. Additionally, they did not like the bagged lunch and preferred a hot lunch.</p> <p>Resident #4 was interviewed and/or observed at the following times:</p> <ul style="list-style-type: none"> - on 1/27/2025 at 9:49 AM they stated they attended dialysis every Monday, Wednesday, and Friday and was not given or offered a bagged lunch or hot lunch prior to dialysis on 1/24/2025 and would like to have a hot lunch before going to dialysis. - on 1/27/2025 at 11:49 AM Resident #4 was going to dialysis and was not offered a bagged or hot lunch before they left. - on 1/29/2025 at 8:42 AM they stated they went to dialysis on 1/28/2025 which was not their normal day. It was an extra day because they needed more fluid removed. Staff brought a hot lunch tray before they went to dialysis on 1/28/2025 for the first time ever and reported being very appreciative. They stated they had never been offered a lunch before dialysis and had never refused a lunch before going to dialysis. <p>During an interview on 1/28/2025 at 9:46 AM, Certified Nurse Aide #11 stated it was very important for residents to get three meals a day for proper nutrition. If residents did not get three meals a day, they could have weight loss and skin breakdown. They often prepared Resident #4 for dialysis and brought the resident to the front for transport to dialysis. They never saw the resident get a lunch prior to dialysis and they were not sure why. They stated the resident should get lunch before going to dialysis.</p> <p>During an interview on 1/28/2025 at 3:34 PM, Registered Nurse #12 stated Resident #4 went to dialysis every Monday, Wednesday, and Friday and if they went during lunch, they looked for a bagged lunch for the resident in the refrigerator on the unit. Resident #4 went for an extra dialysis session on 1/28/2025 and was offered a hot lunch and ate it. They were unsure if the resident was ever offered a hot lunch before but had been offered a bag lunch previously and refused the bag lunch.</p> <p>During an interview on 1/29/2025 at 10:22 AM, Dietary Aide #13 stated if a resident had an appointment, they should receive either an early tray or a bagged lunch. Some residents had repeating appointments and received an early tray or bagged lunch, and those residents went on a list.</p> <p>During an interview on 1/29/2025 at 10:27 AM, the Director of Dietary Services #14 stated there was a list of residents who received bag lunches or an early lunch that was kept in the kitchen, however, they were unable to locate the list. It was important for residents to have three meals a day for maintaining general health.</p> <p>(continued on next page)</p>		

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<p>F 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/2025 at 10:31 AM, Registered Dietitian #15 stated it was important for residents to have three meals on their dialysis day because they were worn out from the procedure of dialysis. A resident on dialysis had added stress and strain on the body which required more calories and protein. Nursing provided dietary the names of residents who were going to outside appointments, and they were added to a list that was kept in the kitchen. The list documented if the resident received a hot lunch or bagged lunch. The list documented Resident #4 was to have a bagged lunch prepared on Monday, Wednesdays, and Fridays. Registered Dietitian #15 stated they were aware Resident #4 did not like bagged lunches. They were unaware the resident left for dialysis at 11:45 AM and did not return until 4:00 PM. They stated the resident should have been offered a hot lunch before going to dialysis.</p> <p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated it was important that residents received 3 meals a day for nutritional purposes. When residents went to an appointment, they emailed dietary for an early lunch or bagged lunch. Dialysis residents should get three meals a day and if they did not get proper nutrition, they could have weight loss. Resident #4 used to have dialysis earlier in the day and refused lunch because it was too close to breakfast. When the dialysis time changed to 11:45 AM the resident should have been offered a hot lunch.</p> <p>10NYCRR 415.5(e)(1)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48446</p> <p>Based on observations, record review, and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not ensure residents had the right to a safe, clean, comfortable, and homelike environment for the Physical Therapy gym and for 2 of 5 resident units (Units 1 and 4) reviewed. Specifically, the Physical Therapy gym, Unit 1, and Unit 4 had several walls with patched holes and missing paint.</p> <p>Findings include:</p> <p>The facility policy, Homelike Environment, revised 12/2024, documented the residents were provided a safe, clean, comfortable, and homelike environment. The facility staff and management should to the extent possible, reflect a personalized homelike setting that included clean, sanitary, and orderly environment, inviting colors and decor.</p> <p>Work orders dated 1/1/2025 to 1/29/2025 documented there were multiple open work orders that had not been completed.</p> <p>The following observations were made on Unit 4:</p> <ul style="list-style-type: none"> - On 1/23/2025 at 10:31 AM, 1/24/2025 at 7:51 AM, and 1/29/2025 at 8:26 AM room [ROOM NUMBER] had 7 orange sized white patches of paint on the bathroom wall. - On 1/23/2025 at 11:04 AM, 1/24/2025 at 7:59 AM, and 1/29/2025 at 8:29 AM room [ROOM NUMBER] W had a grapefruit sized area of missing paint on the wall at the head of the bed. - On 01/27/25 at 3:54 PM, and 1/28/2025 at 10:11 AM room [ROOM NUMBER] D had 3 inch areas of missing paint and sheetrock behind their bed. <p>During an interview on 1/27/2025 at 3:54 PM, Certified Nurse Aide #22 stated when a room or equipment was in disrepair, they completed a work order or called maintenance. They called maintenance if resident walls were missing paint or if there were holes in the wall because it was not homelike. Maintenance entered every room looking for disrepair, however they were not sure how often this occurred.</p> <p>During an interview on 1/28/2025 at 10:11 AM, Licensed Practical Nurse #23 stated if there was an environments issue, they completed a work order in the computer system and the repair was normally completed within 15 minutes. If there was missing paint it should be reported to maintenance for completion. If it was not repaired the room would not look homelike.</p> <p>During an interview on 1/28/2025 at 10:22 AM, Licensed Practical Nurse Unit Manager #20 stated all staff were responsible for reporting environmental concerns to maintenance through the computer program. Issues were normally repaired the same day they were reported. Missing or chipped paint was something that should be reported as it was not homelike.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 1/29/2025 at 9:17 AM the inpatient physical therapy gym on the first floor had an area of white plaster in the shape of a door on the wall to the right before the kitchen opening.</p> <p>During an interview on 1/29/2025 at 9:24 AM, the Director of Housekeeping stated if they saw walls in disrepair, they completed a work order for maintenance to address. It normally took maintenance a few hours to complete a work order unless they were waiting on a part. They noticed the wall in the physical therapy gym had a large amount of plaster on the walls for several months. It was not homelike and should be painted.</p> <p>The following observations were made on Unit 1:</p> <p>- On 1/27/2025 at 9:59 AM and 1/29/2025 at 8:41 AM there were several large scrapes in the sheetrock behind the bed in room [ROOM NUMBER] R.</p> <p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated when they noticed holes in the walls, chipped paint, or rooms in disrepair they notified maintenance because it was not homelike for the residents. Maintenance usually repaired the issue in 24 hours unless they were waiting for parts.</p> <p>During an interview on 1/29/2025 at 12:17 PM, The Director of Maintenance stated the facility used a computerized work order system and all staff was trained how to complete a work order. Some of the projects addressed were damaged walls, patching, and painting of walls. Most of the projects were completed the same day with others completed within 3-4 days when they were waiting for joint compound to dry. They completed projects on a priority system as they only had three employees in the department. They completed weekly rounds in every room looking for damaged walls, especially behind beds, because the bed caused holes in the walls. If there was missing paint or holes in the walls it was not homelike for the resident.</p> <p>10 NYCRR 415.29(j)(1)</p>		

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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>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48446</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00361906 and NY00351460) surveys conducted 1/23/2025-1/29/2025, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain grooming and personal hygiene for 2 of 5 residents (Resident #116 and #226) reviewed. Specifically, Resident #116 was not shaved, and Resident #226 was not shaved and groomed.</p> <p>Findings include:</p> <p>The facility policy, Activities of Daily Living, revised 3/2018, documented residents were provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who were unable to carry out activities of daily living independently received the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Appropriate care and services were provided for residents who were unable to carry out activities of daily living independently including support and assistance with bathing, grooming, dressing, and oral care.</p> <p>1) Resident #116 had diagnoses including post-traumatic stress disorder, pneumonia, and bladder cancer. The 11/10/2024 Minimum Data Set assessment documented the resident was cognitively intact, able to make their needs known, did not reject care, and required substantial to maximal assistance of one for personal hygiene.</p> <p>The 11/7/2024 Comprehensive Care Plan documented Resident #116 had a self-care deficit related to weakness. Interventions included the resident was offered a shower every Tuesday and as needed and required assistance of one for personal hygiene.</p> <p>The undated Kardex (care instructions) documented staff should ask the resident if they would like to be shaved and assist with shaving facial hair as needed.</p> <p>The following observations of Resident #116 were made:</p> <ul style="list-style-type: none"> - on 1/24/2025 at 8:32 AM, sitting in their bed with a large amount of stubble covering their lip and chin. The resident stated they did not like facial hair and would like to be shaved. - on 1/29/2025 at 8:54 AM, sitting in their bed with stubble covering their lip and chin. They stated they got a bed bath on 1/28/2025 but were not shaved and would like to be shaved. <p>2.) Resident #226 had diagnoses including depression, diabetes, and obesity. The 1/16/2025 Minimum Data Set Assessment had not yet been completed.</p> <p>The 1/17/2025 Comprehensive Care Plan documented Resident #226 had a self-care deficit, and interventions included extensive assistance of one for showering and limited assistance of 1 for personal hygiene and oral care.</p> <p>(continued on next page)</p>		

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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>The undated Kardex (care instructions) documented Resident #226 preferred no facial hair. They were to be assisted with shaving as needed and on shower days.</p> <p>Resident #226 was observed:</p> <ul style="list-style-type: none"> - on 1/23/2025 at 12:22 PM, in bed with a significant amount of facial hair and long unkempt hair. The resident stated they asked several staff for a haircut and shave; staff was looking into it and had never gotten back to them. - on 1/27/2025 at 10:31 AM, in bed with a significant amount of facial hair and long unkempt hair. They stated they asked several staff for a haircut and shave; staff was looking into it and had never gotten back to them. -on 1/29/2025 at 9:17 AM, in the physical therapy room walking with a walker with long uncombed hair and a full beard. Physical Therapy Assistant #33 stated the resident asked for a haircut and they put the resident on the list for the hairdresser. <p>During an interview on 1/28/2025 at 3:34 PM, Registered Nurse #12 stated personal hygiene care was completed daily by the certified nurse aides. Certified nurse aides used the resident Kardex to review required care for individual residents. If a resident wanted a haircut, the unit clerk should be notified however the unit clerk had been out of work for an extended period. Residents should be shaved on their shower day, if they asked, or if staff noticed facial hair was getting long. If someone wanted a haircut and/or shave and did not receive one they might feel dirty and unclear.</p> <p>During an interview on 1/29/2025 at 8:57 AM, Certified Nurse Aide #30 stated they were responsible for completing or assisting residents with personal hygiene care which included shaving and hair care. They looked at the shower book daily for the list of showers for the day and shaved residents on their shower day or when needed. When a resident requested a haircut, they called the hairdresser for an appointment. If a resident asked for a shave and haircut, they would shave them and call the hairdresser to make an appointment for a haircut.</p> <p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated certified nurse aides completed hygiene care for all residents as documented on the individual Kardex. Residents were shaved on shower days. Shaving could be done any day and did not have to wait for the resident's shower day. When residents were admitted they received a coupon for a free haircut from the concierge and the appointment was scheduled by the unit clerk. They had not sent residents to the hairdresser since the unit clerk has been out on extended leave. If a resident wanted to be shaved and/or have their haircut and did not, it could be a dignity issue.</p> <p>10NYCRR 415.12(a)(3)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>48446</p> <p>Based on observation, record review, and interviews during the recertification and abbreviated (NY00351460) surveys conducted 1/23/2025-1/29/2025, the facility did not ensure residents with pressure ulcers received necessary treatment and services, consistent with professional standards of practice, to promote wound healing, prevent infection, and prevent new ulcers from developing for 1 of 3 residents (Resident #115) reviewed. Specifically, there was no documented evidence of a Comprehensive Care Plan for Resident #115's two Stage 2 (partial thickness tissue loss) pressure ulcers. Additionally, the resident had an alternating air pressure relieving mattress (a mattress with air filled cells that inflate and deflate to redistribute pressure) that was not set to their correct weight.</p> <p>Findings include:</p> <p>The facility policy, Support Surface Guidelines, revised 9/2013, documented residents at risk of skin breakdown were assessed for appropriateness of pressure reducing devices. Redistribution support surfaces promoted comfort, prevented skin breakdown, promoted circulation, and provided pressure relief or reduction. Any individual at risk for developing pressure ulcers should be placed on a redistributions support surface, such as foam, static air, alternating air, gel, or air loss device when in bed.</p> <p>The Protekt Aire 3000/3500/3600 (pressure relieving mattress) operational manual documented the Protekt Aire pump and mattress system was indicated for the prevention and treatment of all stage pressure ulcers when used in conjunction with a comprehensive pressure ulcer management program. The controls were set to on, low pressure, static control, and the control knob was set according to the resident's weight.</p> <p>Resident #115 had diagnoses including a Stage 2 (partial thickness tissue loss) pressure ulcers of the left and right buttocks and diabetes. The 12/23/2024 Minimum Data Set assessment documented the resident had moderately impaired cognition, did not reject care, was dependent for all activities of daily living, was always incontinent of urine and stool, did not have one or more unhealed pressure ulcers, and weighed 126 pounds.</p> <p>The 12/18/2024 at 3:00 PM admission skin condition assessment completed by the Director of Nursing documented the resident had a 2 centimeters x 1 centimeter and a 3 centimeters x 2 centimeters open area to the right gluteal fold (where the buttocks meet the thigh). The resident did not have a pressure ulcer on admission. The resident was at moderate risk of developing pressure ulcers and required close attention and preventative measures.</p> <p>There was no documented evidence of a Comprehensive Care Plan addressing the resident's two skin impairments assessed on admission.</p> <p>The resident was hospitalized from 12/23/2024-1/13/2025 due to possible (kidney) renal failure.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 1/13/2025 at 6:05 PM readmission assessment completed by Registered Nurse Supervisor #34 documented the resident had two Stage 2 pressure areas to the buttocks measuring 3 centimeters x 1.5 centimeters and 2 centimeters x 1.5 centimeter. The surrounding area was red and excoriated (abrasion). The resident weighed 123 pounds. There were no documented interventions for pressure relief.</p> <p>The Comprehensive Care Plan initiated 1/14/2025 did not include skin impairments or pressure reducing interventions.</p> <p>The Medication Administration and Treatment Administration Records from 1/13/2025-1/27/2025 did not include directions for monitoring of the residents alternating pressure reduction mattress or recommended settings.</p> <p>The Kardex (care instructions) did not document the use of a pressure relieving mattress.</p> <p>The Medication Administration Record for 1/2025 documented obtain weight every Monday for 5 weeks with a start date of 1/20/2025. There were no documented weights on Monday 1/20/2025 or Monday 1/27/2025.</p> <p>Resident #115 was observed in bed with an alternating pressure mattress set to static low pressure at 350 pounds:</p> <ul style="list-style-type: none"> - on 1/23/2025 at 10:42 AM. - on 1/24/2025 at 7:54 AM. - on 1/27/2025 at 3:51 PM. - on 1/28/2025 at 10:30 AM. <p>During an interview on 1/28/2025 at 10:11 AM, Licensed Practical Nurse #23 stated care plans were completed by the Unit Manager when the resident was admitted and updated by the Unit Manager when there were any changes. If a resident was admitted with skin breakdown or was at risk for skin breakdown interventions included pressure relieving devices. The facility had alternating pressure mattresses, however there were none used on the fourth floor (Resident #115's floor) at this time. When a resident had an alternating pressure mattress it was documented on the care plan and documented on the treatment administration record for nurses to check the function and weight every shift. The pressure was set to the resident's weight and if the setting was not set to the proper weight, it could cause more pressure and increase skin breakdown.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/28/2025 at 10:22 AM, Licensed Practical Nurse Unit Manager #20 stated the Director of Nursing, and the Assistant Director of Nursing completed care plans for residents on the fourth floor because they were just learning the process. If there was required care that was not on the care plan it would not be implemented. If care was not documented, it was not completed. If a resident had pressure or was at risk for pressure interventions could include alternating pressure mattresses. They stated alternating pressure mattresses were set up by central supply. It was important to have the bed set according to the resident's weight. They were unsure who put the settings on the bed, and they were not sure if there was any place to document the mattress was checked but was sure it was not documented on the treatment administration record. Resident #115 was on an alternating pressure mattress, and they observed the bed was set to 350 pounds. They stated if the mattress was not set to the proper weight, it could cause decreased wound healing and increased wounds.</p> <p>During an interview on 1/28/2025 at 10:52 AM, Nurse Practitioner #24 stated when residents were at risk for developing pressure wounds or had wounds they might use an alternating pressure mattress. Use of the mattress did not require an order from them. They believed the nurse made sure it was functioning and set to the proper weight. The bed was set according to the resident's weight and if a resident weighed 125 pounds the bed should not be set at 350 pounds as that could cause increased pressure.</p> <p>During an interview on 1/28/2025 at 10:56 AM, Wound Consultant Nurse Practitioner #25 stated when medically appropriate they recommended an alternating pressure mattress, and the nurse was responsible for ordering it. The nurse was also responsible for making sure the bed was functioning and set at the proper weight every day. If the mattress was not checked every day the bed could be malfunctioning, and the resident would be lying on a hard surface. If a resident was on a mattress that was not functioning or set to the wrong weight that could cause increased pressure and decreased wound healing. The stated if the resident weighed 123 pounds the mattress should not be set at 350 pounds as they could have decreased wound healing and increased pressure.</p> <p>During an interview on 1/28/25 at 3:10 PM, the Director of Nursing stated the care plan was determined by the interdisciplinary team and documented the individual care required for each resident. If the interdisciplinary team met and determined an alternating pressure mattress was appropriate for a resident it was entered as a medical order by the Unit Manager. That order populated to the treatment administration record and the nurse checked the function and weight setting every shift and signed off on the treatment administration record. They expected that residents with an alternating pressure mattress were care planned for the mattress, that it was checked daily for functionality and correct weight settings, and documented as checked every shift on the treatment administration record.</p> <p>10NYCRR 415.12(c)(1)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>48446</p> <p>48895</p> <p>Based on observations and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not ensure drugs and biologicals were labeled and stored in accordance with currently accepted professional principles and included the expiration date when applicable for 3 of 5 medication carts (1st, 2nd, and 4th floor medication carts), and 1 of 5 treatment carts (1st floor treatment cart). Specifically, the 1st and 4th floor medication carts and the 1st floor treatment cart were left unattended and unlocked; and the 2nd floor medication cart contained 3 insulin pens without an opened or expired/discard date.</p> <p>Findings include:</p> <p>The facility policy, Security of Medication Cart, revised 12/2024, documented the nurse secured the medication cart during the medication pass to prevent unauthorized entry. Medication carts were always locked when out of the nurse's view.</p> <p>The facility policy, Storage of Medications, revised 12/2024, documented drug containers that had missing, incomplete, improper, or incorrect labels were returned to the pharmacy for proper labeling before stored.</p> <p>The facility policy, Insulin Administration, revised 12/2024, documented the steps for insulin injections included to check the expiration date. If a new vial was opened, the expiration date and time were recorded on the vial and the manufacturer recommendation for expiration after opening was followed.</p> <p>During an observation and interview on 1/24/2025 at 9:23 AM, the 1st floor medication cart contained:</p> <ul style="list-style-type: none"> - Lantus (Insulin glargine) 100 units/milliliter, without an opened date for Resident #236. - Lantus (Insulin glargine) 100 units/milliliter, without an opened date for Resident #226. - Insulin lispro 100 units/milliliter, without an opened date for Resident #226. <p>Registered Nurse #12 stated it was important to know when the insulin pens were opened because they were only good for 28 days. If they did not know the open date, the medication could be expired and not work as well. Resident #226's insulin lispro was discontinued so they knew the resident did not receive that medication. Lantus was an evening medication, so they did not administer those pens and was not sure when they were last administered.</p> <p>The following observations were made:</p> <p>(continued on next page)</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 1/23/2025 at 10:29 AM, the 4th floor medication cart was unlocked and unattended and Resident #68 walked past the cart.</p> <p>- On 1/23/2025 at 11:50 AM, the 1st floor medication and treatment carts were unlocked and unattended. The medication cart was opened and contained several multidose bottles of medications in the top drawer. The treatment cart was opened and contained 2 pairs of scissors and other creams in the top drawer. There was no staff present in the area.</p> <p>- On 1/24/2025 at 8:08 AM, the 1st floor treatment cart at the nursing station was unlocked and unattended.</p> <p>- On 1/27/2025 at 9:12 AM, the 1st floor treatment cart at the nursing station was unlocked.</p> <p>- On 1/28/2025 at 10:03 AM, the 4th floor medication cart was by the elevator and was unlocked. There were 8 residents in the adjacent dining room, and one resident was in the hallway approximately 5 feet from the cart.</p> <p>The facility treatment cart contents list documented the treatment cart contained medicated creams/solutions, tweezers, scissors, personal protective equipment, needles, syringes and other various treatment supplies</p> <p>During an interview on 1/28/2025 at 10:22 AM, Licensed Practical Nurse Unit Manager #20 stated medication carts should always be locked so residents could not take medications out. It was also a breach of confidentiality as medications contained resident information. The unit had wandering residents that could remove medications, and it could be a safety concern.</p> <p>During an interview on 1/28/2025 at 3:34 PM, Registered Nurse #12 stated medication carts should always be locked when unattended. Treatment carts should also be locked as they contained medicated creams and scissors. It was important the carts were kept locked for the safety of the residents.</p> <p>During an interview on 1/28/2025 at 4:28 PM, Registered Nurse #21 stated they worked on the 4th floor on 1/23/2025 and had residents that wandered the halls. They recalled answering the phone on 1/23/2025 and did not remember if they locked the medication cart or where the cart was located when they were on the phone. They stated medications carts should always be locked when unattended for the safety of all residents. They did not lock the cart because they were rushing that day.</p> <p>During an interview on 1/28/2025 at 4:55 PM, the Director of Nursing stated they expected medication carts were clean, organized, and without expired medications. Neither the medication cart nor treatment cart should have been unlocked when unattended because someone that was not supposed to be in the cart could access it. The treatment cart had creams, resident specific treatments, scissors, and items the nurses may need for the day. They expected insulin pens to be labeled with an expiration date, a resident label, and stored in the bag provided by pharmacy. Insulin pens should be labeled with an open date, because after 28-30 days the pen expired. If a resident was given expired insulin, there was potential for the insulin to not work.</p> <p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated treatment and medication carts should always be locked for resident safety. Carts should never be unlocked even when they were at the nursing station.</p> <p>(continued on next page)</p>		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 NYCRR 483.45 (g)(h)		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>48446</p> <p>48895</p> <p>Based on observation and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not ensure residents were provided food and drink that was palatable, flavorful, and at an appetizing temperature for 2 of 2 meals reviewed (the 1/24/2025 2nd floor lunch meal and the 1/27/2025 1st floor lunch meal). Specifically, food was not flavorful and was not served at palatable and appetizing temperatures during the lunch meals on 1/24/2025 and 1/27/2025. Additionally, two residents (Residents #24 and #35) stated the food did not taste good and they did not receive enough food.</p> <p>Findings include:</p> <p>The facility policy, Dining Atmosphere, dated 12/2024 documented meals were served in a way that enhanced the individual's dining experience, because the presentation of the meal could directly affect how much an individual ate. Hot food must be hot, and cold food must be cold (as acceptable to the individual being served).</p> <p>During an interview on 1/23/2025 at 10:45 AM, Resident #24 stated the food lacked flavor.</p> <p>During an observation on 1/23/2025 at 12:22 PM, the menu on the wall outside the dining room on the 3rd floor documented lunch was pork barbeque on a bun, macaroni salad, corn, and applesauce. There was a sign documenting they were out of applesauce and the replacement was gelatin with whipped cream. At 12:50 PM, the pork barbeque appeared to be deli sliced ham with barbeque sauce poured on top.</p> <p>During an interview on 1/23/2024 at 12:55 PM, Resident #35 stated they did not like the food, did not get enough of the food they did like, and was provided the alternative meal of hotdogs regularly.</p> <p>During a 2nd floor lunch meal observation on 1/24/2025 at 12:30 PM Resident #11 was served their lunch tray. A replacement tray was ordered, and Resident #11's original meal tray was tested . At 12:30 PM, Certified Nurse Aide #4 verified the measured food temperatures. The lemon pepper fish was measured at 111.6 degrees Fahrenheit, the French fries were 114.3 degrees Fahrenheit, the coleslaw was 58.8 degrees Fahrenheit, the Super pudding was 63.3 degrees Fahrenheit, the apple juice was 48.2 degrees Fahrenheit, and the milk was 64 degrees Fahrenheit. The Super pudding had a slight orange taste, was very dense in texture, and difficult to spoon. The fish was dry, and the French fries were soggy with a visible salt coating. Certified Nurse Aide #4 stated the residents complained about the food every day. It was either too cold, or it was always the same foods. They stated the apple juice was usually frozen.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a lunch meal observation on 1/27/2025 at 11:54 AM, on the first floor, Resident #119 was served their lunch meal tray. A replacement tray was ordered, and Resident #119's original meal tray was tested . Certified Nurse Aide #5 verified the measured food temperatures. The Salisbury steak was measured at 127.4 degrees Fahrenheit, the mashed potatoes were 133 degrees Fahrenheit, the applesauce was 61.9 degrees Fahrenheit, the cooked carrots were 130.8 degrees Fahrenheit, and the milk was 47.1 degrees Fahrenheit. The Salisbury steak appeared and tasted like a plain, frozen cooked hamburger patty with gravy poured on it. The cooked carrots had no flavor and were very soft.</p> <p>During an interview on 1/27/2025 at 1:15 PM, Certified Nurse Aide #6 stated residents complained about the food being cold or not tasting good. The residents preferred the alternatives like the soup and grilled cheese sandwiches. Alternatives were always offered. If the residents did not eat, they could lose weight.</p> <p>During an interview on 1/27/2025 at 1:28 PM, Licensed Practical Nurse #7 stated residents always complained they did not like it the food. The said the food was cold, too salty, and had no flavor. If the resident complained they were offered an alternative item such as sandwiches, hotdogs, or hamburgers. Many times, they also refused the alternative. If they did not eat, they could lose weight.</p> <p>During an interview on 1/27/2025 at 1:48 PM, Registered Nurse Unit Manager #8 stated residents always complained about food stating it was cold, or did not taste good. Sometimes they did not like what was on the menu, and they were offered an alternate. They also notified dietary if a resident did not like something so they could update the resident's menu options. The lunch meal on 1/27/2025 looked like a hamburger with gravy. They stated they tried the Salisbury steak and could not eat it because it did not taste good. If the residents did not eat, they could lose weight.</p> <p>During an interview on 1/28/2025 at 5:13 PM, Dietary [NAME] #9 stated the appropriate service temperature for hot food was 165 degrees Fahrenheit or above but was usually around 175-180 degrees Fahrenheit. The appropriate service temperature for cold food was 38 degrees Fahrenheit or below, the goal was 32 degrees Fahrenheit, but not frozen. Dietary [NAME] #9 stated the fish measured at 111.6 degrees Fahrenheit, Salisbury steak at 127.4 degrees Fahrenheit, mashed potatoes at 133 degrees Fahrenheit, and cooked carrots at 130.8 degrees Fahrenheit were too low. The French fries at 114.3 degrees Fahrenheit was too low as they should be 150 degrees Fahrenheit for a golden-brown appearance. The applesauce at 61.9 degrees Fahrenheit, coleslaw at 58.8 degrees Fahrenheit, Super pudding at 63.3 degrees Fahrenheit, and the milk was 64 degrees Fahrenheit were all too high. They should be 38 degrees Fahrenheit or less. They stated the Salisbury steak was a pre-made frozen patty. It was important food was served at the appropriate temperatures because the food could build up bacteria, and undercooked food was unappetizing.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/28/2025 at 5:23 PM, the Director of Food Service #10 stated food should be presented nicely, taste good, served timely, and at the proper temperature. The appropriate service temperature for hot food was between 150-165 degrees Fahrenheit so it was served above the danger zone of 140 degrees Fahrenheit. The appropriate service temperature for cold food was 35 degrees Fahrenheit, but anything below 40 degrees Fahrenheit was acceptable. The fish measured at 111.6 degrees Fahrenheit, Salisbury steak at 127.4 degrees Fahrenheit, mashed potatoes at 133 degrees Fahrenheit, French fries at 114.3 degrees Fahrenheit, and cooked carrots at 130.8 degrees Fahrenheit were all too low. The applesauce at 61.9 degrees Fahrenheit, coleslaw at 58.8 degrees Fahrenheit, super pudding at 63.3 degrees Fahrenheit, and the milk at 64 degrees Fahrenheit were all too high. They stated that while the applesauce did not have to be refrigerated, the temperature was too high to be enjoyable. It was important residents were served food that was enjoyable and palatable because it was their home and was important for the quality of life they deserved. The recipe for Salisbury steak was a pre-made frozen patty with gravy mix poured over it, it was heated to 165 degrees Fahrenheit, and then put on the tray line for service. The pork barbeque recipe was sliced deli ham (approximately 2-3 slices) on a hamburger bun with barbeque sauce on top.</p> <p>10NYCRR 415.14(d)(1)(2)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>43754</p> <p>49448</p> <p>Based on observations, record review, and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for 1 of 1 main kitchen. Specifically, the main kitchen had soiled and poorly maintained equipment and improper food and food product storage.</p> <p>Findings include:</p> <p>The undated facility policy, Food and Supply Storage, documented all food and supply items were held and stored safely and securely, maintained quality, and were protected against contamination, spoilage, and theft. All storage areas were always kept clean and in good working condition. Stored unused food was wrapped and labeled with the name and date of production.</p> <p>The undated facility policy, Cleaning and Mopping of Floors, documented food particles and other unwanted foreign materials were effectively removed from flooring. All floor areas of the department were swept and mopped at least twice daily. Equipment was cleaned underneath, and no standing water was left on the floor.</p> <p>The following observations of the main kitchen were made on 1/23/2025:</p> <ul style="list-style-type: none"> - At 11:47 AM there was a large puddle on the floor of the dish room and there were no staff washing dishes. - At 11:52 AM there were soiled areas behind the cookline. There was a coating of grease and food debris on the side, under, and behind the the stove and fryer. - At 11:54 AM the ice machine had a stagnant puddle of liquid on the front edge of the unit. Beside the dish machine the floor was soiled with dried debris and food scraps. - At 12:11 PM the dry storage room beside the C1 walk-in cooler had food debris under the shelving and opened jelly packets dried on the floor. - At 12:17 PM the tray line cooler door was in disrepair and the handle area had exposed insulation. There was a tray of portioned pasta salad uncovered and dried out on top. - At 12:21 PM the dry storage room beside the dish room had heavily stained and soiled areas on the floor tiles. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/23/2025 at 2:57 PM, the Director of Dietary stated the floors were cleaned anytime something was dropped on them. The floors should be cleaned at least every hour or two. Cleaning behind the equipment was supposed to be done the previous night but was not. Dry storage areas, including under the shelving, were swept every shift and mopped as needed. The walk-in coolers were swept and mopped twice daily. They tried to clean the rust from the floor after coolers were moved but despite trying different chemicals it was still not clean. There should not be exposed insulation in the cooler on the tray line because it could not be properly cleaned because the surface was not smooth. Prepared food should have been covered or it could become dry or contaminated.</p> <p>During an interview on 1/23/2025 at 3:14 PM, the Director of Building Services stated there should not have been a puddle of water on the floor and the ice machine should have been cleaned. It was important for infection control that kitchen equipment and floors were clean.</p> <p>10NYCRR 415.14(h)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48446</p> <p>Based on observations, record review, and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for 1 of 4 residents (Resident #112) reviewed, and for 1 of 1 staff bathroom (the basement breakroom bathroom) reviewed. Specifically, Certified Nurse Aide #26 did not use appropriate personal protective equipment when providing care to Resident #112 who was on transmission based precautions (droplet precautions) for influenza; and the soap dispenser in the women's bathroom located off the facility breakroom in the basement was not functional.</p> <p>Findings include:</p> <p>The facility policy, Influenza, Prevention and Control of Seasonal, revised 3/2022, documented all staff received education and training on preventing transmission of infectious agents, including influenza, during orientation to the facility. Contact and droplet precautions were implemented for residents with suspected or confirmed influenza for 7 days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever was longer.</p> <p>The facility policy, Hand Hygiene, revised 8/2019, documented hand hygiene was the primary means to prevent the spread of infection. All personnel were trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare associated infections. Alcohol based hand rub containing at least 62% alcohol, or soap (antimicrobial or non-antimicrobial) and water was used after personal use of the toilet or conducting personal hygiene.</p> <p>1) Resident #112 had diagnoses including Influenza A (a respiratory virus). The 12/3/2024 Minimum Data Set assessment documented the resident was cognitively intact and required substantial assistance with most activities of daily living.</p> <p>The 1/22/2025 nasopharyngeal swab (a sample taken from the nose) laboratory report documented Resident #112 was positive for Influenza A.</p> <p>The Comprehensive Care Plan updated 1/22/2025 documented the resident had Influenza A and interventions included droplet precautions.</p> <p>The 1/22/2025 Registered Nurse Unit Manager #16 progress note by documented Resident #112 was positive for influenza A and was placed on droplet precautions. The provider was notified.</p> <p>The 1/27/2025 Licensed Practical Nurse #28 progress note by documented Resident #112 was positive for the flu and remained on droplet precautions.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 1/24/2025 at 8:23 AM, the facility Droplet Precaution sign documented STOP, droplet precautions. Wear a procedure mask and a full-face shield, gown, gloves, and wash your hands. The sign was posted on Resident #112's doorframe. Certified Nurse Aide #26 entered Resident #112's room without washing their hands, putting on a gown, putting on gloves, or putting on a face shield. They stated they only went into the room to grab a breakfast tray. They did not look at the sign on the doorframe and was not sure if they should have worn a face shield, gown, gloves, or washed their hands before entering the room.</p> <p>During an interview 1/29/2025 at 8:57 AM, Certified Nurse Aide #30 stated they received training on infection control when they were hired. They followed the infection control practices by looking at the signs before entering a room. If they did not follow the signs they could spread germs to other residents, coworkers, and visitors.</p> <p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated residents that were on isolation precautions had signs outside their doors and alerted staff and visitors to the appropriate personal protective equipment that was required before the room was entered. They expected all staff to read the signs and follow the directions on the signs. When a resident was on droplet precautions gowns, gloves, masks, and face shields were required.</p> <p>During an interview on 1/29/2025 at 12:37 PM, Infection Control Nurse #32 stated all staff were educated on infection control practices on admission, annually, and as needed. If a resident was on precautions, a sign was placed on the door that alerted staff and visitors what protective equipment had to be worn when entering the room. This was important for the safety of anyone entering the room and anyone they came in contact with. They expected staff to follow the directions on the sign to prevent the spread of infection and for the safety of staff, residents, and visitors. When a resident was diagnosed with the flu, they were placed on droplet precautions which required precautions for entering the room including wearing a mask, gown, face shield, and gloves.</p> <p>2) During an observation on 1/28/2025 at 8:17 AM, the soap dispenser in the basement women's restroom across from the break room was broken and there was no alcohol based hand rub available.</p> <p>During an observation on 01/28/2025 at 11:17 AM, an unidentified housekeeper stated the soap dispenser was broken.</p> <p>During an observation and interview on 1/29/2025 at 8:19 AM, the soap dispenser in the women's bathroom across from the break room was broken and there was no alcohol based hand rub available. Janitorial staff #29 stated they were aware of the broken soap dispenser on 1/28/2025, however was unable to fix the dispenser. They notified their supervisor and maintenance the dispenser was broken on 1/28/2025. They stated soap was needed to clean hands after using the bathroom and not using soap was unsanitary.</p> <p>During an interview on 1/29/2025 at 9:24 AM, Director of Housekeeping and Central Supply #31 stated their department checked soap dispensers and made sure they were full, however broken soap dispensers were repaired by maintenance. It usually only took maintenance a few hours to complete a work order. Soap dispensers that were broken should be fixed quickly as hand hygiene was important to limit the transmission of pathogens.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335510	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/29/2025
NAME OF PROVIDER OR SUPPLIER Foltsbrook Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 North Washington Street Herkimer, NY 13350	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/29/2025 at 10:48 AM, Registered Nurse Unit Manager #16 stated the most important way to limit the spread of disease was washing your hands. Staff took their breaks on the first-floor basement break area and if women needed to use the restroom when on break, they used the restroom across from the break room. If there was not a working soap dispenser in that bathroom there would be no way for staff to wash their hands.</p> <p>During an interview on 1/29/2025 at 12:37 PM, Infection Control Nurse #32 stated staff took their breaks in the basement and if a woman had to use the bathroom they used the bathroom across from the breakroom. There should be a functioning soap dispenser in the bathroom to prevent the spread of infection.</p> <p>10NYCRR 415.19(a)(b)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51469</p> <p>Based on observations, record review, and interviews during the recertification survey conducted 1/23/2025-1/29/2025, the facility did not maintain an effective pest control program so that the facility was free of pests for multiple resident areas on 1 of 5 resident units (5th floor) reviewed. Specifically, there were fruit flies on the 5th floor.</p> <p>Findings include:</p> <p>The facility policy, Pest Control, dated 12/2024, documented the facility would take all reasonable measures to prevent and control pests, insects, and rodents through routine cleaning, proper food storage, and regular pest control services.</p> <p>The third-party pest control logs dated 10/17/2024, 10/24/2024, 10/31/2024, 11/07/2024, 11/14/2024, 12/05/2024, 12/11/2024, 1/16/2025, 1/23/2025 documented treatments for insects and flies in the facility and the facility was inspected and serviced.</p> <p>The following observations were made on the 5th Floor:</p> <ul style="list-style-type: none"> - on 1/23/2025 at 10:30 AM there was a fruit fly on the cart in the hallway near room [ROOM NUMBER] - on 1/23/2025 at 11:37 AM on the 5th floor an unknown staff swatted a fly then stated they hated when those little bugs got in their mask. - on 1/24/2025 at 8:43 AM there were multiple fruit flies outside of room [ROOM NUMBER]. - on 1/24/2025 at 1:55 PM there were multiple fruit flies at the nursing station desk. - on 1/27/2025 at 9:50 AM there were multiple fruit flies in the hallway near room [ROOM NUMBER]. - on 1/27/2025 at 10:37 AM there were multiple fruit flies in the dining room. - on 1/27/2025 at 11:35 AM there were multiple fruit flies between rooms [ROOM NUMBERS]. - on 1/27/2025 at 12:07 PM there were multiple fruit flies at the nursing station. - on 1/27/2025 at 1:38 PM there were several fruit flies on the elevator. - on 1/28/2025 at 9:40 AM there was a fruit fly on tray table in the hallway. - on 1/28/2025 at 10:04 AM Resident # 57 swatted a fruit fly away from their nose in the dining area. <p>During an interview on 1/28/2025 at 09:54 AM Licensed Practical Nurse Manager #19 stated the fruit flies were bad. Pest control was in to treat them, but they had not seemed to completely go away.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Foltsbrook Center for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 104 North Washington Street Herkimer, NY 13350	
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/29/2025 at 12:22 PM Certified Nurse Aide #18 stated the fruit flies were intermittent and were very annoying. They stated the fruit flies probably had something to do with the poor condition of room [ROOM NUMBER]. The room was very dirty and had a terrible odor. The Certified Nurse Aide #18 stated having fruit flies was not home like, but most residents on that unit lacked the capacity to complain about them due to their cognitive disabilities.</p> <p>During an interview on 1/29/2025 at 12:48 PM Maintenance Director #17 stated the fruit flies on the 5th floor had been a bigger problem during the summer months. The drains were recently treated by the third-party pest control vendor service. The Maintenance Director #17 stated they were not aware of the presence of fruit flies until one was observed on another person who had accompanied them on the 5th floor elevator.</p> <p>10NYCRR 415.12(a)(3)</p>		