STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335528	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Plattsburgh Rehabilitation and Nursing Center	8 Bushey Boulevard Plattsburgh, NY 12901

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33538 Based on record review and interview during a recertification and abbreviated survey (Case # NY00316460), the facility did not ensure each resident was free from misappropriation of resident property and exploitation for 1 (Resident #78) of 3 residents reviewed. Specifically, former Activities Director # 1 used Resident #78 ' s checkbook to write checks that were deposited into their personal account and a partner ' s account amounting to over $11,000. This is evidenced by: Resident #78 was admitted with the diagnoses of end stage renal disease, non-traumatic intracranial hemorrhage, and dementia. The Minimum Data Set (an assessment tool) dated 2/22/2023, documented the resident could be understood, usually understand others, and had moderate cognitive impairment. The facility's Abuse Prevention and Investigation Policy effective 8/2020 documented the facility was committed to providing residents an environment that was free from verbal, mental, and physical abuse, mistreatment, neglect, misappropriation of resident property, and Exploitation through the following Seven Components of a Systematic Approach to Abuse Prohibition. Misappropriation of property was defined in the policy as: The use of deliberate means to exploit, misplace, or the wrongful use of a resident ' s belongings or money-whether permanently or temporarily, without the resident ' s consent. The undated facility document titled Job Description, Activity/Recreation Director, documented one of the essential job functions was to assist residents in handling personal funds. The facility's investigative report dated 5/12/2023 documented the Administrator #1 was notified by Plattsburgh Police Department that the facility Activities Director #1 had been cashing personal checks from Resident #78 and depositing them into their account and an account of their partner. The transactions dated back to 2020, with the most recent being February 2023. The amount taken totaled over $11,000. On 5/15/2023 Activities Director #1 was arrested and charged with grand larceny and check fraud and their employment was terminated. The police Incident Report dated 5/15/2023 documented that a request for a welfare check was received from the North [NAME] Credit Union on 5/02/2023 due to suspicious activity and depletion of Resident #78 ' s bank account. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A Police Case Supplemental Narrative Report dated 5/16/2023 documented that Activities Director #1 was interviewed at the Police Department on 5/15/2023. They admitted to filling out, signing checks, and keeping some of the money. Activities Director #1 was arrested on charges of forgery and grand larceny. During an interview on 10/24/2024 at 11:15 AM, Administrator #1 stated there had been no incidents of financial exploitation since this case. All residents that had a personal checkbook or credit card were encouraged to keep it in their locked drawer, which is offered to all residents on admission. Administrator #1 further stated that such items could be kept in the Administrator ' s office for safekeeping. When a resident requests for staff to make a withdrawal or purchase, it is done by Administrator #1 with a witness. The facility had no indication of any issues with the accused staff until they were notified by the Police Department, at which time Activity Director #1 was immediately suspended and then terminated. Administrator #1 further stated they were not informed of the final disposition of the legal matter; however, the resident was reimbursed for the money taken. Past Non-compliance -F602 Based on the following corrective action taken, there was sufficient evidence the facility corrected the noncompliance and was in substantial compliance for this specific regulatory requirement at the time of this survey: - Facility staff cooperated with the local Police Department to facilitate their investigation and arrest of the perpetrator. - The alleged perpetrator was not permitted entrance to the facility to protect the residents from further misappropriation. - The incident was reported appropriately to the State Survey Agency. - A thorough investigation was completed, and it was determined there were no other victims of misappropriation. - The facility policy titled, Personal Funds-Resident, was updated to include securing personal checkbooks, bank cards, and cash in a locked drawer or in the Administrators office. - Education was provided on 5/26/2024 to all facility staff on abuse, abuse reporting, misappropriation of property, exploitation, and updated facility policy and procedures on resident funds At the time of survey, there were no additional incidents of misappropriated personal property identified. 10 New York Codes, Rules, and Regulations: 415.4(b)

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F 0731 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Request a waiver if it can't meet the nurse staffing requirements. 43805 Based on interviews and record review during a recertification survey, the facility did not ensure a Registered Nurse was scheduled for at least 8 consecutive hours a day, 7 days a week. Specifically, there was no registered nurse working for 8 consecutive hours on 6/06/2024, 6/23/2024, 7/14/2024, and 9/28/2024. This is evidenced by: Record review of the written working schedules for 6/06/2024, 6/23/2024, 7/14/2024, and 9/28/2024 revealed no registered nurse was scheduled to be in the building that day. The census was 80 at the time of the survey. Record review revealed the facility submitted a letter to the Department on 10/02/2024 with a request to waive this Federal regulatory requirement. The letter read in part: - 'Request for waiver from 8-hour Registered Nurse requirement under 42 Code of Federal Regulations Section 483.35(b). I am writing to formally request a waiver from the 8-hour Registered Nuse requirement, as stipulated under 42 Code of Federal Regulations Section 483.35(b). There is an Registered Nurse on the night shift, however, it does not constitute 8 hours concurrently as the schedule is 10 PM to 6 AM, which splits the hours. Despite our extensive efforts to recruit qualitied nursing personnel, we have been unable to secure the necessary staff to meet [the requirement]. Our recruitment initiatives have included sign on bonuses, as the need arises opportunities with flexibility, outreach to nursing schools, collaboration with nursing agencies.' - 'We have a registered nurse and a practitioner available to respond to phone calls from the facility during periods when the registered nurse is not in the building. This arrangement guarantees that any urgent medical needs can be promptly addressed.' During an interview on 10/23/2024 at 1:35 PM, Director of Nursing #1 stated when they are on call, they live ten minutes away and would physically come into the building to deal with issues such as falls and resident change in condition. During an interview on 10/24/2024 at 11:32 AM, Administrator #1 stated the facility had 'aggressively' advertised for registered nurses, including online postings, physical job fairs, and roadside advertising. They stated there was an on-call schedule for currently employed registered nurses including the Director of Nursing, the Assistant Director of Nursing, and unit managers for registered nurse coverage, but there were several days that the facility was unable to meet the regulation. They stated the building was always covered with an offsite, on call registered nurse that could come in for emergencies but not for a whole shift. At the time of the interview, surveyor requested facility documentation that would support the waiver request. 10 New York Codes, Rules, and Regulations 415.13 42 Code of Federal Regulations Section 483.35(b)

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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. 21414 Based on observation and interview during the recertification survey, the facility did not store, prepare, distribute, or serve food in accordance with professional standards for food service safety. Specifically, equipment in the main kitchen and 1 of 2 unit kitchenettes were not clean, equipment was not in good repair, and a test kit for checking the concentration of chemical sanitizing solution was not provided. This is evidenced by: All observations were conducted on 10/20/2024 between 12:11 PM and 1:10 PM. The following equipment was soiled with food particles or a dusty oily buildup: Microwave oven. Can opener and holder. Utensil drawers. Shelving. Fire extinguishers. Floor behind the floor fan in dishwashing machine room. B-wing nourishment station refrigerator door gasket. The thermometer for the sanitizing rinse on the automatic dishwashing machine was not functioning. The label of the chemical concentrate used to manually sanitize food equipment stated that the efficacy range of the sanitizer was to be between 200 parts per million and 400 parts per million; the facility could not provide a test kit with a graduation above 400 parts per million to show a solution that was too concentrated. During an interview on 10/21/2024 at 12:09 PM, Food Service Director #1 stated that they would contact the maintenance department to repair the dishwashing machine thermometer, contact the vendor for the correct test papers, and clean the areas found. 10 New York Codes, Rules, and Regulations 415.14(h) Chapter 1 State Sanitary Code Subpart 14-1

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F 0813 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a policy regarding use and storage of foods brought to residents by family and other visitors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21414 Based on observation, record review, and interviews during the recertification survey, the facility did not ensure foods brought to residents by family and other visitors was in accordance with adopted regulations. Specifically, expired food brought to residents was not discarded. This is evidenced by: During observations on [DATE] at 1:05 PM, entrees (rice and rice with tofu) labeled as belonging to Resident #13 were dated [DATE]. The document posted on the nourishment kitchen refrigerators titled, Resident Food Only, and dated [DATE] stated that food greater than 3-days old was to be discarded. During an interview on [DATE] at 1:06 PM, Licensed Practical Nurse #1 stated that dietary staff was responsible for discarding food brought in for residents that were more than 3-days old. During an interview on [DATE] at 4:40 PM, Family Member #1 stated that they labeled and dated the food brought to their relative (their personal preference), that the food dated [DATE] was correct, and that they relied on the facility to discard old food. During an interview on [DATE] at 11:49 AM, Administrator #1 stated that either dietary aides or nursing staff were to ensure resident food that was more than 3-days old were to be discarded, and the policy on food brought to residents would be updated to include which staff are responsible for discarding old food. 10 New York Codes, Rules, and Regulations 415.14(h)