

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	

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 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>21414</p> <p>Based on observation and interviews conducted during the recertification survey, the facility did not provide effective housekeeping and maintenance services on 1 of 3 resident units and the building exterior. Specifically, the exterior of the building and walls were not clean.</p> <p>This is evidenced by:</p> <p>During observation on 12/03/2024 at 11:17 AM, the walls beneath the hand sanitizer dispensers attached to the walls outside room #s 366, 374, 337, 387, and by the elevator on unit 3 had multiple streak stains around the dispenser that descended to the baseboard.</p> <p>During observations on 12/04/2024 at 5:29 PM, the walls beneath the hand sanitizer dispensers attached to the walls outside room #s 237, 266, 274, 279, and 287 had multiple streak stains that descended to the baseboard.</p> <p>During observation on 12/09/2024 at 11:35 AM, the walls beneath the hand sanitizer dispensers attached to the walls outside room #s 366, 374, 337, and 387 had multiple streak stains around the dispenser that descended to the baseboard.</p> <p>During observations on 12/09/2024 at 8:15 AM and again on 12/10/2024 at 12:15 PM, the front of the building was soiled and stained with a black build-up and a green mold-like substance around the windows and along the bottom 10-feet of the facade.</p> <p>During an interview on 12/10/2024 at 10:26 AM, Certified Nurse Aide #5 stated the hand sanitizer don't work right, the containers were either empty or the tubing inside got clogged and the gel squirts outside ways and more runs down the wall than ends up in your hand. Housekeepers or staff can fill them if they were empty, but housekeeping should be cleaning the walls.</p> <p>During an interview on 12/10/2024 at 11:13 PM, Housekeeper #2 stated they clean the walls periodically, but they were not done every day. The gel squirts out of the hand sanitizers dispensers and gets on the walls. Housekeeper #2 was ot sure what the plan was to correct that.</p> <p>During an interview on 12/10/2024 at 1:49 PM, Director of Plant Operations #1 stated that the front of the building and walls the coving base would be repaired.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10 New York Codes, Rules, and Regulations 415.5(h)(4) 34630 36922 51131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48615</p> <p>Based on observations, record review, and interviews during the recertification survey, the facility did not ensure a dependent resident was provided with appropriate treatment and services to maintain or improve their language and communication for 1 (Resident #367) of 1 reviewed for Activities of Daily Living. Specifically, nursing staff did not provide Resident #367 with adequate, consistent interpreter services in accordance with professional standards of care.</p> <p>This was evidenced by:</p> <p>The facility's Policy and Procedure titled Communication effective 6/19/2029 and reviewed 3/2024, documented its Purpose: To provide our residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominate language of the facility (English) the highest practicable level of quality of life and the resources to achieve just that. Social Services kept an up-to-date list of all of our residents who communicate with non-oral communication devices, sign language, or who speak a language other than the dominate language of the facility (English), English Second Language (ESL) residents. For our English Second Language residents interpreter services could be utilized: Provide translator [PHONE NUMBER] code:527633.</p> <p>The New York State Department of Health Code, Rules and Regulation, Volume C (Title 10) Section 415.3 Effective 2/24/2022, documented each resident shall have the right to: (i) adequate and appropriate medical care, and to be fully informed by a physician in a language or in a form that the resident can understand, using an interpreter when necessary, of his or her total health status including but not limited to, his or her medical condition including diagnosis, prognosis, and treatment plan. Residents shall have the right to ask questions and have them answered.</p> <p>Resident # 367 was admitted to the facility with a diagnoses of Alzheimer's Disease unspecified (a brain disorder that slowly destroys memory and thinking skills), dementia unspecified (loss of memory, language, problem-solving and other thinking abilities), and anxiety. The minimum Data Set (an assessment tool) dated 11/25/2024 documented resident could be understood and understand others in Spanish. Resident was unable to complete Brief Interview for Mental Status. Resident's primary language is Spanish, and resident observed speaking Spanish only.</p> <p>Resident #367 Comprehensive Care Plan dated 11/25/2024, documented preferred language is Spanish.</p> <p>During an observation on 12/02/2024 at 10:45 AM, Resident #367 was observed pacing up and down halls on 400 unit. Resident appeared distressed and was speaking in Spanish. Staff did not respond to resident.</p> <p>During a dining observation on 12/02/2024 at 11:54 AM, Resident #367 observed pacing in and out of dining room. Resident required much re-direction to sit at dining room table for lunch. Staff observed making gestures to resident and speaking to resident in English.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 12/02/2024 at 12:35 PM, Resident #367 approached surveyor speaking in Spanish. Surveyor asked resident their name. Resident responded inappropriately in Spanish. Survey asked how are you in Spanish ([NAME] estas?) resident responded bien [NAME] with a smile.</p> <p>During an observation on 12/03/2024 at 10:30 AM, resident had a male visitor (husband). Resident observed having a fluent conversation with visitor in Spanish. Resident appeared very happy to have the visitor present. Visitor brought Latin music and resident was moving to the music happily.</p> <p>During an interview on 12/02/2024 at 12:12 PM, Social Worker #1 stated they keep translation line for English Second Language Residents in their office along with the code. If staff needed to use the interpreter line, they would contact the social worker. When Social Worker is not available, they have bilingual staff to translate.</p> <p>During an interview on 12/02/2024 at 12:15 PM, Certified Nurse Aide #3 stated they use google translator to communicate with Resident #367. They stated there was a point object sheet in the manager's office but had not used it.</p> <p>During an interview on 12/02/2024 at 12:17 PM, Certified Nurse Aide #4 stated they communicated with Resident #367 using hand movements, guide with hands, and had never used google translator.</p> <p>During an interview on 12/02/2024 at 12:33 PM, Licensed Practical Nurse #15 stated they used communication phone line if needed, but was not sure where to locate the number, and was not aware there was a code.</p> <p>During an interview on 12/03/2024 at 11:15 AM, Administrator #1 stated they had a language line for English Second Language residents, but there was no specific training on language line. Administrator #1 stated they staffed facility each shift with Spanish speaking staff that can be used as an interpreter.</p> <p>10 New York Codes, Rules, and Regulations 415.12(a)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48744</p> <p>Based on observation, record review, and interviews during an abbreviated survey (NY00353512), the facility did not ensure the provision of sufficient nursing staff to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident throughout the facility. Specifically, the facility's staffing minimum staffing levels were not met each day from 12/02/2024 through 12/10/2024 per facility assessment.</p> <p>This is evidenced by:</p> <p>Upon entrance to the facility on [DATE] there were 118 residents residing on 3 units.</p> <p>The Facility assessment dated 2024 and based on a resident population profile from 7/23/2023 to 7/23/2024 documented, the facility's staffing plan for direct residential care. The assessment documented that the facility strived to have at a maximum for staff the following: Each floor was provided with 2 Licensed Practical Nurses and 5 Certified Nurse Assistants on days (6:00 AM to 2:00 PM), 2 Licensed Practical Nurses and 4 Certified Nurse Assistants on evenings (2:00 PM to 10:00 PM), and 1 Licensed Practical Nurse and 2 Certified Nurse Aides on nights (10:00 M to 6:00 AM) per floor and a Registered Nurse supervisor daily on evening and night shift. On weekends the facility strives to have a Registered Nurse supervisor on days, evenings, and nights. The facility's minimum staff requirements were the following: 1 Licensed Practical Nurse and 2 Certified Nurse Aides on days, 1 Licensed Practical Nurse and 2 Certified Nurse Assistants on evenings, and 1 Licensed Practical Nurse and 1 Certified Nurse Aide on nights per floor and Registered Nurse coverage 8 consecutive hours per day.</p> <p>A review of staffing sheets provided by the facility from 12/03/2024 through 12/10/2024 documented the following:</p> <p>On 12/03/2024 the 3rd floor unit were short 1 Licensed Practical Nurse and 1 Certified Nurse Assistant for the day shift, short 1 Licensed Practical Nurse on evenings, and had no Licensed Practical Nurses scheduled for night shift. The 4th floor was short 1 Licensed Practical Nurse on the day and evening shifts.</p> <p>On 12/04/2024 the 2nd floor unit was short 1 Licensed Practical Nurse on the evening shift. The 3rd floor was short 1 Licensed Practical Nurse on both day and evening shifts and short 1 Certified Nurse Assistant on day shift. The 4th floor was short 1 Licensed Practical Nurse on day and evening shift.</p> <p>On 12/05/2024 the 2nd floor unit was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on day shift, and 1 Certified Nurse Aide on evening shift. The 3rd floor was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on the day shift, short 1 Licensed Practical Nurse and 1 Certified Nurse Aides on evening shift and short 1 Licensed Practical Nurse on night shift. The 4th floor was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on day shift, and 1 Licensed Practical Nurse on evening shift.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	

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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/06/2024 the 2nd floor unit was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide for day shift, short 2 Licensed Practical Nurses, and 1 Certified Nurse Aide on evening shift and had no Licensed Practical Nurses scheduled for the night shift. The 3rd floor was short 2 Licensed Practical Nurses and 2 Certified Nurse Aides on day shift, short 1 Licensed Practical Nurse, and 1 Certified Nurse Aide on evening and night shift. The 4th floor was short 2 Licensed Practical Nurses and 1 Certified Nurse Aide for day shift, short 2 Licensed Practical Nurses and 1 Certified Nurse Aide on evening shift, and short 1 Licensed Practical Nurse on night shift.</p> <p>On 12/07/2024 the 2nd floor was short 1 Certified Nurse Aide on day, evening, and night shifts. The 3rd floor was short 1 Licensed Practical Nurse, 2 Certified Nurse Aides on day shift, short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on evening shift, and short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on night shift. The 4th floor was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on day and evening shifts, and short 1 Certified Nurse Aide on night shift.</p> <p>On 12/08/2024 the 2nd floor was short 2 Certified Nurse Aides on the day and evening shifts. The 3rd floor was short 2 Certified Nurse Aides on the day shift, short 1 Licensed Practical Nurse and 2 Certified Nurse Aide on the evening shift and short 1 Certified Nurse Aide on the night shift. The 4th floor was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on day shift, and short 1 Licensed Practical Nurse and 2 Certified Nurse Aides on the evening shift.</p> <p>On 12/09/2024 the 2nd floor was short 1 Certified Nurse Aide on the day and evening shifts. The 3rd floor was short 2 Certified Nurse Aide on day shift, short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on the evening shift, and short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on the night shift. The 4th floor was short 1 Licensed Practical Nurse on the day shift, short 1 Licensed Practical Nurse, and short 1 Certified Nurse Aide on the evening shift.</p> <p>On 12/10/2024 the 2nd floor was short 1 Certified Nurse Aide on day shift, and short 1 Licensed Practical Nurse on evening shift. The 3rd floor was short 1 Licensed Practical Nurse and 1 Certified Nurse Aide on the day shift, short 1 Licensed Practical Nurse on the evening shift, and short 1 Licensed Practical Nurse on the night shift. The 4th floor was short 1 Licensed Practical Nurse on the day shift, and short 2 Licensed Practical Nurses on the evening shift.</p> <p>During an interview on 12/02/2024 at 11:18 AM, Resident #103 stated that they have had to wait for staff for 10-20 minutes when they were short staffed, but since the resident did a lot on their own, they did not feel it affected them as much as other residents.</p> <p>During an interview on 12/02/2024 at 12:48 PM, Resident #60 stated they did not get up because they had to wait too long.</p> <p>During an interview on 12/02/2024 at 12:59 PM, a resident's family member who wished to remain anonymous stated that staff were very nice, there just were not enough of them.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/06/2024 at 11:00 AM, Nurse Scheduler #1 stated they knew staffing was an issue but thought it was getting better for nurses. The facility had recently hired a couple of nurses. The goal was to have 2 Licensed Practical Nurses per unit on days and evening and 1 Licensed Practical Nurse on nights with 2 Certified Nurse Aides. Certified Nurse Aide numbers had gotten better. Thursday and Friday were rough days because everyone worked every other weekend, so they took the Thursday or Friday off before their weekends off which made bigger holes in staffing. Call ins have always been a problem. They stated 2nd and 4th floor were where they focused their attention because those tended to be the units with the heavier workload.</p> <p>During an interview on 12/10/24 at 9:58 AM, Nurse Scheduler #2 stated that it was the first day that they had a significant problem with staffing. Usually, every Monday the staffing sheets went to the Director of Nursing and the Administrator. The same people were also given staffing sheets whenever there was a change in the staffing. The facility did not want to put Registered Nurses on medication carts but would if the staffing holes required it. Nurse Scheduler #1 stated Director of Nursing #1 had never taken an assignment since they had been there. The unit managers have had to take an assignment when there have been staffing shortages the scheduler could not fix. There were no incentives offered to incentivize the staff to come to work. Shift swaps were done to try and make deals to get the nurses to come in. At the time of the interview, the Nurse Scheduler #1 was calling the next staff to try and get someone to come in and cover the holes for the day but had not yet heard anything. Nurse Scheduler #1 stated that they would turn to agency staff if nothing else was working.</p> <p>During an interview on 12/10/2024 at 12:11 PM, Administrator #1 stated that Unit managers were being educated that they were mini-Directors of Nursing and needed to be responsible for the staff on their units. To increase staff, retain staff already in house and entice new staff to work at the facility, there were frequent raffles. If staffed picked up extra shifts, they got extra [NAME] tickets. There were monetary bonuses for nurses that picked up extra shifts. Swapping of shifts was offered to try and fill staffing needed. Agency staff were also used to complete staffing patterns. The facility also did a lot of employee appreciation events like lunches and pies and turkeys for thanksgiving. The facility had upcoming parties for the holidays along with gifts. Additionally, the facility offered assistance with transportation for the staff for example transportation gift cards were given out. Administrator #1 stated that they try to foster a family environment within the facility and all upper leadership staff knew the floor staff and there were open door policies throughout the building. Administrator #1 stated the facility did not share staff between sister facilities and that roughly 70% of the staff had left and came back because they liked it better at their facility.</p> <p>10 New York Code Rules and Regulations 415.13(a)(1)(i-iii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>48744</p> <p>Based on observations, record reviews, and interviews during the recertification survey, the facility did not have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Specifically, the facility nursing staff did not document unit narcotics were counted by two licensed staff members and signed as appropriately done on the facility provided narcotic record sheets.</p> <p>This is evidenced by:</p> <p>The Facility assessment dated 2024 and based on a resident population profile from 7/23/2023 to 7/23/2024 documented, Staff Training/competency/skill sets that were necessary to provide the level and types of care needed for the resident population:</p> <p>The facility had a full time Nurse Educator who maintained a list of position- based competencies for nursing staff which was position dependent. An annual education calendar was utilized and included within the supporting documentation section of this facility assessment. See job descriptions for skill sets needed under supporting documentation. See staff training policy in supporting documents.</p> <p>A facility policy titled Facility Training Policy and Procedure, not dated, documented that all new staff received a comprehensive orientation and initial training that covered the facility's policies, procedures, and resident care requirements. Nursing specific education included but was not limited to documentation and medication administration.</p> <p>A facility policy titled Medication Storage dated 3/2023, documented that all medications would be stored in a manner that maintains the integrity of the product, ensures the safety of the residents and is in accordance with Department of Health Guidelines.</p> <p>A facility policy titled Medication Administration dated 6/2024 documented the following:</p> <p>That if a resident refused a medication, re-approach twice more as appropriate. If the resident still refuses the medication/s properly dispose of the medication. Documentation should include refusal, notification of MD at the time of refusal. Notification of Unit Manager/Supervisor and place on the 24-hour report.</p> <p>Additionally, the policy documented the if the medication was dropped or integrity compromised, dispose of medication.</p> <p>Do not to administer medication prepared by someone else</p> <p>Do not prepare medication for another person to administer.</p> <p>Document all medication and treatment administration in the electronic medical record.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Narcotic medications were to be signed for in the control drug book at the time they are administered and document administration in the electric Medication Administration Record.</p> <p>Discarded Narcotics required 2 signatures of Licensed Practical Nurse or Registered Nurse staff.</p> <p>Medications were to be administered no more than one-hour before or one hour after the ordered time. If you believe you would be outside the expected time frame notify Registered Nurse Manager/Supervisor, Registered Nurse Manager/Supervisor to notify Medical Doctor of late administration and obtain any new owners if applicable. The medication cart was not to be left unattended and unlocked. Both the controlled substance drawer lock and outer lock are to be locked if cart is unattended.</p> <p>A facility policy titled Facility Training Policy and Procedure, not dated, documented the following:</p> <p>All new staff received a comprehensive orientation and initial training that covers the facility's policies, procedures, and resident care requirements.</p> <p>Nursing specific education included but was not limited to medication administration and documentation.</p> <p>During an observation of the 2nd floor unit on 12/06/2024 at 1:15 PM, the narcotic record book was observed to be on top of the medication cart in the hallway unattended and accessible to anyone in the hallway. Narcotic count sheets required to be signed by two licensed nurses at change of shift were found in the unattended book. Sheets dated throughout October, and November 2024 documented two licensed staff (one from on-coming shift and one from off-going shift) were supposed to be counting narcotic at change of shift but that was not occurring. The second narcotic book on unit 2 was in the medication room locked behind the door. It contained narcotic sheets inconsistently signed from multiple months and shifts in September and November 2024.</p> <p>During an interview on 12/06/2024 at 1:28 PM, Nurse Educator #1 stated that they were unable to explain why the shift-to-shift narcotic count sheets were unsigned or signed incorrectly. It was expected that the licensed staff would do the count together and sign the sheets together.</p> <p>During an interview on 12/06/2024 at 3:42 PM, Administrator #1 stated that they did not know the policy and would need to refer to the policy or ask the Director of Nursing regarding the requirement for counting narcotics at change of shift. Administrator #1 stated that they knew that two nurses needed to do the count, that two nurses need to sign the sheets, knew there were 2 sheets - 1 sheet for the floor count and 1 sheet for individual resident's narcotics. Administrator #1 stated that they knew 2 nurses were needed to waste medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/06/2024 at 3:50 PM, Director of Nursing #1 stated that the narcotic count needed to be done at change of shift before keys were handed off. 2 licensed staff members needed to do the count and sign the shift-to-shift narcotic sheet. 1 on coming staff member and 1 outgoing staff member was the expectation of the nurses that count and sign the sheets together. When wasting medication, it was expected that two nurses would sign for the wasted medication. Additionally, it was the expectation that both nurses would observe the wasting of the medication, not just sign the sheets, and let the one licensed staff member dispose of or count any narcotics on the units by themselves. When asked if the rules surrounding narcotics were taught or reviewed with new staff, or if the licensed staff were expected to know because it was part of nursing licensure, Director of Nursing #1 stated that it was reviewed when staff was newly hired and reviewed annually.</p> <p>During an interview on 12/10/2024 at 9:58 AM, Nurse Scheduler #1 stated that the staffing agency that was used to find staff for the facility had a star rating which helped the facility determine if the potential staff member had the competencies and skill required to work there. The star rating of potential staff fluctuated based on the ratings received from previous facilities. Not calling or showing up for a shift would lower a star rating as well as a bad review from previous facilities. The lower the star the less likely the facility would be to employ them through the agency.</p> <p>During an interview on 12/10/2024 at 10:42 AM, Nurse Educator #1 stated that Licensed Practical Nurses and Registered Nurses r received 3 days of orientation training. Medication competencies were part of orientation and were done annually. It was recently reviewed in April 2024. Nurse Managers did annual performance reviews of the licensed staff on the floors. Nurse Educator #1 stated they would not get the performance reviews unless they asked for them. Nurse Educator #1 stated that they went to the floor and watched the staff to make sure things were done according to policy.</p> <p>During an interview on 12/10/2024 at 12:11 PM, Administrator #1 stated that due to the extent of the issues surrounding the narcotic counts and administrations, there was someone checking the licensed staff's narcotic count sheets every shift change to make sure that the counts and sheets were done correctly. Shift supervisors were the first people to check the sheets. After that the sheets would be given to the Assistant Director of Nursing #1 to check. Then Director of Nursing #1 would check all the work to make sure it was correct. Administrator #1 stated that they had not come up with the long-term plan to ensure that staff were doing their job correctly but that the Director of Nursing was going to be very involved. The Unit Managers were being educated that they were essentially mini-Directors of Nursing and needed to be responsible for the staff on their units. Additionally, Administrator #1 stated that the corporate office was going to provide the facility a person that would travel between their facility and one other and be overseeing operations to help get them on track.</p> <p>10 New York Codes, Rules, and Regulations 415.26(c)(1)(iv)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34630</p> <p>Based on record review and interviews during a recertification survey, the facility did not ensure residents were free of any significant medication errors for 4 (Resident #s 3, 12, 22, and 25) of 30 residents reviewed. Specifically, for Resident #s 3, 12, 22 and 25, the facility did not ensure accurate medication administration and documentation of Oxycodone (narcotic pain medication).</p> <p>This is evidenced by:</p> <p>The Policy and Procedure titled, Medication Administration, revised 6/2024, documented medications would be administered by a licensed and/or registered nurse. All medications and treatments would be administered and documented using the electronic medical record. Narcotic medications were to be signed for in the control drug book (Control Substance Record) at the time they were administered, and the administration was to be documented in the electronic Medical Administration Record. Discarded Narcotics required two (2) signatures of Licensed Practical Nurse or Registered Nurse staff and Review of the electronic Medication Administration Record to ensure all medications were given at the end of the assigned shift.</p> <p>Resident #3</p> <p>Resident #3 was admitted to the facility with diagnoses of calcific tendonitis (calcium deposits form on the tendons and can cause inflammation and pain) left ankle and foot, pain in right wrist, and chronic pain syndrome. The Minimum Data Set (an assessment tool) dated 10/14/2024, documented the resident was cognitively intact. The resident was able to make themselves understood and understood others.</p> <p>The Care Plan for Pain, updated 10/10/2024, documented calcific tendonitis left ankle and foot, pain in right wrist, and chronic pain syndrome. Interventions documented provide medical management of underlying cause of pain.</p> <p>Physician Order renewed on 11/26/2024 for Oxycodone HCl 10 mg, 1 tablet by mouth PRN (as needed) for left leg pain. PRN (as needed) limit every 6 hours.</p> <p>Review of the a) Control Substance Records and b) electronic Medication Administration Records dated November and December 2024 documented:</p> <p>Control Substance Record for Oxycodone 10 mg tablet, 1 tablet by mouth every 8 hours as needed for pain. Maximum daily dose: 3 tablets.</p> <p>110/2/2024 a) Oxycodone 10 mg was administered at 8:30 PM.</p> <p>11/02/2024 b) Medication Administration Record did not document the administration.</p> <p>The Control Substance Records dated 11/03/2024 to 11/16/2024 were not available for review.</p> <p>11/17/2024 a) Oxycodone 10 mg was administered at 2:30 PM and 9:00 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/17/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/18/2024 a) Oxycodone 10 mg was administered at 7:30 AM.</p> <p>11/18/2024 b) Medication Administration Record did not document the administration.</p> <p>11/19/2024 a) Oxycodone 10 mg was administered at 2:30 PM and 9:30 PM.</p> <p>11/19/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/22/2024 a) Oxycodone 10 mg was administered at 8:00 PM.</p> <p>11/22/2024 b) Medication Administration Record did not document the administration.</p> <p>11/23/2024 a) Oxycodone 10 mg was administered at 7:10 AM, an illegible PM time, and 8:00 PM.</p> <p>11/23/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/24/2024 a) Oxycodone 10 mg was administered at 6:30 AM.</p> <p>11/24/2024 b) Medication Administration Record did not document the administration.</p> <p>11/25/2024 a) Oxycodone 10 mg was administered at 8:30 PM.</p> <p>11/25/2024 b) Medication Administration Record did not document the administration.</p> <p>11/28/2024 a) Oxycodone 10 mg was administered at 6:45 AM and 12:30 PM.</p> <p>11/28/2024 b) Medication Administration Record did not document the administrations.</p> <p>12/1/2024 a) Oxycodone 10 mg was administered at 8:00 AM.</p> <p>12/1/2024 b) Medication Administration Record did not document the administration.</p> <p>12/2/2024 a) Oxycodone 10 mg was administered at 3:30 PM.</p> <p>12/2/2024 b) Medication Administration Record did not document the administration.</p> <p>12/3/2024 a) Oxycodone 10 mg was administered at 8:00 PM.</p> <p>12/3/2024 b) Medication Administration Record did not document the administration.</p> <p>12/4/2024 a) Oxycodone 10 mg was administered at 7:00 AM and 1:00 PM.</p> <p>12/4/2024 b) Medication Administration Record did not document the administrations.</p> <p>12/5/2024 a) Oxycodone 10 mg was administered at 7:00 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>12/5/2024 b) Medication Administration Record did not document the administration.</p> <p>12/6/2024 a) Oxycodone 10 mg was administered at 7:00 AM.</p> <p>12/6/2024 b) Medication Administration Record did not document the administration.</p> <p>12/7/2024 a) Oxycodone 10 mg was administered at 7:26 AM.</p> <p>12/7/2024 b) Medication Administration Record did not document the administration.</p> <p>12/8/2024 a) Oxycodone 10 mg was administered at 2:00 PM, then at 6:34 AM, and then at 12:40 PM.</p> <p>12/8/2024 b) Medication Administration Record documented one administration at 11:32 AM.</p> <p>Resident #12</p> <p>Resident #12 was admitted to the facility with diagnoses of diabetes, arthropathies (joint disease) right shoulder, and weakness. The Minimum Data Set, dated [DATE], documented the resident was cognitively intact. The resident was able to make themselves understood and understood others.</p> <p>The Care Plan for Pain updated 10/4/2024, documented pain in bilateral shoulders and neck. Interventions documented provide medical management of underlying cause of pain and monitor for side effects of analgesics.</p> <p>Physician Order dated 10/9/2024 for Oxycodone HCl 5 mg, 1 tablet by mouth as needed for shoulder and back pain. PRN (as needed) limit 3 times/day.</p> <p>Review of the a) Control Substance Records and b) electronic Medication Administration Records dated November and December 2024 documented:</p> <p>Control Substance Record for Oxycodone IR (immediate release) 5 mg, 1 tablet by mouth 3 times daily as needed for shoulder/back pain. Maximum daily dose: 3 tablets.</p> <p>11/5/2024 a) Oxycodone 5 mg was administered at 12:30 AM.</p> <p>11/5/2024 b) Medication Administration Record did not document the administration.</p> <p>11/7/2024 a) Oxycodone 5 mg was administered 7:00 AM, 1:00 PM, and 8:00 PM.</p> <p>11/7/2024 b) Medication Administration Record, documented Oxycodone 5 mg was administered at 7:00 AM and again at 7:00 AM. The 1:00 PM administration was not documented. The 8:00 PM administration was documented at 8:47 PM.</p> <p>11/9/2024 a) Oxycodone 5 mg was administered at 5:00 AM, 12:30 PM, 6:00 PM, 10:00 PM (4 times)</p> <p>11/9/2024 b) Medication Administration Record did not document the administrations.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/14/2024 a) Oxycodone 5 mg was administered at 12:00 PM.</p> <p>11/14/2024 b) Medication Administration Record did not document the administration.</p> <p>11/16/2024 a) Oxycodone 5 mg was administered at 7:00 AM, 1:00 PM, and 8:00 PM</p> <p>11/16/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/18/2024 a) Oxycodone 5 mg was administered at 12:00 PM.</p> <p>11/18/2024 b) Medication Administration Record did not document the administration.</p> <p>11/20/2024 a) Oxycodone 5 mg was administered at 12:00 PM and 7:30 PM.</p> <p>11/20/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/21/2024 a) Oxycodone 5 mg was administered at 1:00 PM and 8:00 PM. The 8:00 PM administration had a line through it and error was written next to the amount remaining that had changed from 30 and was 29. There was no documentation to indicate the medication was discarded.</p> <p>11/21/2024 b) Medication Administration Record did not document the 1:00 PM administration.</p> <p>11/22/2024 a) Oxycodone 5 mg was administered at 12:00 PM and 8:00 PM.</p> <p>11/22/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/23/2024 a) Oxycodone 5 mg was administered at 12:00 PM.</p> <p>11/23/2024 b) Medication Administration Record did not document the administration.</p> <p>11/25/2024 a) Oxycodone 5 mg was administered at 12:30 PM and 2:00 PM.</p> <p>11/25/2024 b) Medication Administration Record did not document the administrations.</p> <p>11/26/2024 a) Oxycodone 5 mg was administered at 12:00 PM.</p> <p>11/26/2024 b) Medication Administration Record did not document the administration.</p> <p>11/27/2024 a) Oxycodone 5 mg was administered at 1:00 PM.</p> <p>11/27/2024 b) Medication Administration Record did not document the administration.</p> <p>11/28/2024 a) Oxycodone 5 mg was administered at 12:00 PM.</p> <p>11/28/2024 b) Medication Administration Record did not document the administration.</p> <p>11/29/2024 a) Oxycodone 5 mg was administered at 7:30 PM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/29/2024 b) Medication Administration Record documented the medication was administered at 4:44 PM.</p> <p>11/30/2024 a) Oxycodone 5 mg was administered at 5:00 AM, 12:00 PM, and 7:30 PM.</p> <p>11/30/2024 b) Medication Administration Record did not document the administrations.</p> <p>12/1/2024 a) Oxycodone 5 mg was administered at 12:00 PM and 8:00 PM.</p> <p>12/1/2024 b) Medication Administration Record did not document the administrations.</p> <p>12/2/2024 a) Oxycodone 5 mg was administered at 7:00 AM and 12:00 PM.</p> <p>12/2/2024 b) Medication Administration Record did not document the administrations.</p> <p>Resident #22</p> <p>Resident #22 was admitted to the facility with diagnoses of chronic pain syndrome, lymphedema (chronic swelling of the legs caused by excess lymphatic fluid), and dorsalgia (pain in the back or spine) The Minimum Data Set, dated dated dated [DATE], documented the resident had moderately impaired cognition, could understand others and be understood.</p> <p>The Care Plan for Pain updated 11/15/2024, documented dorsalgia (back) and chronic pain syndrome. Interventions documented administer pain medications as per orders.</p> <p>Physician order dated 11/15/2024 documented Oxycodone 5 milligrams by mouth three (3) times per day and one (1) as needed dose for pain.</p> <p>Review of the a) Control Substance Records and b) electronic Medication Administration Records dated November and December 2024 documented:</p> <p>Control Substance Record for Oxycodone IR (immediate release) 5 mg, 1 tablet by mouth 3 times daily and 1 tablet as needed. Maximum daily dose: 4 tablets.</p> <p>11/14/2024 a) Oxycodone 5 mg was administered at 8:00 AM</p> <p>11/14/2024 b) Medication Administration Record did not document the administration.</p> <p>11/15/2024 a) Oxycodone 5 mg was administered at 8:30 PM and was documented on the Medication Administration Record at 8:30 PM.</p> <p>- After the 8:30 PM administration, there was another administration dated 11/15/2024 with an illegible AM time.</p> <p>- b) Medication Administration Record did not document the administration.</p> <p>11/16/2024 a) Oxycodone 5 mg was administered at 11:20 AM.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/16/2024 b) Medication Administration Record did not document the administration.</p> <p>11/17/2024 a) Oxycodone 5 mg was administered at 11:30 AM.</p> <p>11/17/2024 b) Medication Administration Record did not document the administration.</p> <p>11/21/2024 a) Oxycodone 5 mg was administered at 10:50 AM.</p> <p>11/21/2024 b) Medication Administration Record did not document the administration.</p> <p>11/26/2024 a) Oxycodone 5 mg was administered at 10:40 AM.</p> <p>11/26/2024 b) Medication Administration Record did not document the administration.</p> <p>12/1/2024 a) Oxycodone 5 mg was administered at 1:00 PM and 8:00 PM.</p> <p>12/1/2024 b) Medication Administration Record did not document the administrations.</p> <p>Resident #25</p> <p>Resident #25 was admitted to the facility with diagnoses of unspecified nondisplaced fracture of the fourth cervical vertebra (neck fracture), other chronic pain, and congestive heart failure (a condition where the heart does not pump blood as well as it should). The Minimum Data Set assessment dated [DATE], documented the resident was cognitively intact, could understand others and be understood.</p> <p>The Care Plan for Pain updated 11/27/2024. Interventions documented provide pain medications as ordered and evaluate effectiveness.</p> <p>Physician's order dated 11/22/2024 documented oxycodone 10 mg should be administered every 6 hours as needed for moderate/severe pain.</p> <p>Review of the a) Control Substance Records and b) electronic Medication Administration Records dated November and December 2024 documented:</p> <p>Control Substance Record for Oxycodone IR 10 mg tablet, 1 tablet by mouth every 6 hours as needed for pain. Maximum daily dose: 4 tablets.</p> <p>11/1/2024 a) Oxycodone 10 mg was administered at 5:00 AM.</p> <p>11/1/2024 b) Medication Administration Record did not document the administration.</p> <p>11/2/2024 a) Oxycodone 10 mg was administered 5 times: 5:00 AM, an illegible AM time, 11:30 AM, 4:30 PM, and 9:40 PM.</p> <p>11/2/2024 b) Medication Administration Record documented one administration at 5:23 AM.</p> <p>The Control Substance Records dated 11/03/2024 to 11/25/2024 were not available to review.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>11/26/2024 a) Oxycodone 10 mg was administered at 6:40 AM.</p> <p>11/26/2024 b) Medication Administration Record did not document the administration.</p> <p>11/28/2024 a) Oxycodone 10 mg was administered at 7:00 AM and 1:00 PM.</p> <p>11/28/2024 b) Medication Administration Record documented two administrations, both at 7:30 AM. The record did not document the 1:00 PM administration.</p> <p>11/29/2024 a) Oxycodone 10 mg was administered at 9:30 PM.</p> <p>11/29/2024 b) Medication Administration Record did not document the administration.</p> <p>11/30/2024 a) Oxycodone 10 mg was administered 5 times: 2:00 AM, 6:48 AM, 11:12 AM, 1:40 PM, and 6:00 PM.</p> <p>11/30/2024 b) Medication Administration Record documented one administration at 4:05 PM.</p> <p>12/1/2024 a) Oxycodone 10 mg was administered at 7:00 AM, 12:00 PM, and 8:00 PM.</p> <p>12/1/2024 b) Medication Administration Record documented one administration at 1:28 PM.</p> <p>12/3/2024 a) Oxycodone 10 mg was administered at 3:00 PM.</p> <p>12/3/2024 b) Medication Administration Record did not document the administration.</p> <p>12/4/2024 a) Oxycodone 10 mg was administered at 3:00 PM.</p> <p>12/4/2024 b) Medication Administration Record did not document the administration.</p> <p>During an interview on 12/06/2024 at 11:00 AM, Licensed Practical Nurse #1 stated the process to administer narcotic medications was first to look at the order in the resident's medication administration record. Licensed Practical Nurse #1 stated they determined whether the medication was as needed or a regular dose. If the medication was a scheduled dose, it would appear in green on the medication administration record as a scheduled medication for that shift. Licensed Practical Nurse #1 stated they were old school and always checked the resident's pain level before administering medication. They stated they would compare the medication administration record order of the resident to the narcotic administration record sheet in the narcotic book on their cart. They would unlock the narcotic box and remove the correct medication. They would pop the pill out of the pill pack and write down the full count of the remaining pills on the narcotic administration record. Licensed Practical Nurse #1 stated they would administer the medication to the resident and then sign the medication administration record.</p> <p>During an interview on 12/09/2024 at 9:17 AM, Registered Nurses #1 and #4 stated they were not aware of a nurse signature sheet. Registered Nurse #1 suggested asking Director of Nursing #1.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/09/24 at 9:19 AM, Director of Nursing #1 stated they did not have a nurse signature sheet. They stated the facility was currently doing signature audits so they could have an updated list. They stated PRN (as needed) Oxycodone was supposed to be documented on the Medication Administration Record. The routine medications would show up on the screen as ready to be given, whereas the PRN (as needed) would still appear on the screen as a medication that was available to be given. They stated they were not aware of any problems with documenting PRNs (as needed) on the Medication Administration Record.</p> <p>During an interview on 12/09/2024 at 12:35 PM, Licensed Practical Nurse #3 stated they never gave Resident #22 Oxycodone on their shift. They stated they worked with Licensed Practical Nurse #7 around 11/15/2024. Licensed Practical Nurse #3 stated it was not their signature on the Control Substance Record dated 11/15/2024, with a time that was illegible.</p> <p>During an interview on 12/09/2024 at 3:16 PM, Licensed Practical Nurse #7 stated it was not their signature on Resident #22's Control Substance Record dated 11/15/2024, with a time that was illegible. They stated they recognized the signature, and it was Registered Nurse #1's. they stated the time looked like 11:20 AM. They stated their process for narcotic pain medication was to do the count first and then get the keys. They check the physician order and then does the 5 checks, several times. They give the medication at the scheduled time. They stated for PRN (as needed) pain medications, they would look to see when the medication was given last and when it was documented. Stated they document on the Medication Administration Record right after they document on the Control Substance Record. Surveyor asked how any other nurse could get the keys to the narcotic box and they stated they would have to get the keys from the medication nurse.</p> <p>During an interview on 12/09/2024 at 4:14 PM, Registered Nurse #1 stated it was not their signature on the Control Substance Record dated 11/15/2024, with a time that was illegible. They stated it looked like Licensed Practical Nurse #3's signature and the time looked like 6:00 AM.</p> <p>During an interview on 12/9/2024 at 4:33 PM, Director of Nursing #1 stated Licensed Practical Nurse #20 worked on 11/15/2024. They stated Resident #22 came back from the hospital late on 11/15/2024. They stated the time on the Control Substance Record for 11/15/2024 was 11:20 PM and was written incorrectly under AM.</p> <p>Review of timecard punches for 11/15/2024, did not document any time punches for Licensed Practical Nurse #20.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/10/2024 at 9:32AM, Licensed Practical Nurse #3 stated when they administer as needed narcotic or other types of pain medication, they always waited for the resident to request the medication. Licensed Practical Nurse #3 stated their process was to look at the last documented administration date and time. Licensed Practical Nurse #3 stated they checked the effectiveness of the last dose of pain medication and then would confirm that the resident was within the right time frame to receive another dose. Licensed Practical Nurse #3 stated they would check the medication order on the Narcotic Administration record (Control Substance Record) located in the narcotic book and the medication order in the electronic medical record system. They would then check the dose and strength against the medication order on the pill pack from pharmacy. Licensed Practical Nurse #3 stated they would ask the resident their current level of pain or they would use the facial recognition pain scale to determine the pre-medication pain level. Licensed Practical Nurse #3 stated they determined the type of medication to offer resident based on their level of pain. If Tylenol was ordered for the resident, they would offer that first for any pain level under five (5). Licensed Practical Nurse #3 stated most residents would request the narcotic pain medication be given, even if offered Tylenol first. Licensed Practical Nurse #3 stated they would administer the medication per the residents' orders and then would go back an hour later to recheck effect. The electronic medical record system would send a reminder in one hour to document the pain level after medication. Licensed Practical Nurse #3 stated when a medication was missed or a pain level was not checked, the electronic medical record system would turn the medication order to red from the color green. They stated this indicated to the nurse they needed to document the administration. The system also allowed the nurse to review the past month of medication administrations to review whether they had any outstanding documentation. They stated the electronic medical record system allowed the nurse to complete a late entry for missed documentation. They stated if the medication administration was missed, they would go to Registered Nurse #1 and notify them of the missed dose. Resident Nurse #1 would call the physician to notify them of the missed dose and then would complete a new order based on the physician's recommendation. Licensed Practical Nurse #3 stated they had only given Resident #22 an extra as needed dose of their Oxycodone 5 milligram pain medication one time on the 11-7 shift. They stated Resident #22 normally does not request more than their scheduled three (3) times per day dose.</p> <p>During an interview on 12/10/2024 at 9:48 AM, Registered Nurse #1 stated they did not know they were responsible for checking the medication administration record for narcotics. They stated they had learned that day there were reports that could be run for when medications were administered and the responsible nurse administering the medication. Registered Nurse #1 stated they had depended on the nurses working each shift to review their medication documentation and complete a narcotic count at the end and beginning of each shift. Registered Nurse #1 stated they were aware there were medications that had not been documented by Licensed Practical Nurses administering medications. They stated these medication administrations should have been documented, and they acknowledged they were responsible to review the medication records and request corrections. They stated the residents had made formal complaints to the previous Director of Nursing they were not receiving their pain medication. Registered Nurse #1 stated they are aware they need to report any suspicious or missed narcotic administrations to the facility administration, or they would call the State Department of Health if the situation ever occurred again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/10/2024 at 1:32 PM, Licensed Practical Nurse #3 was shown the timecard punches for 11/15/2024, the Controlled Drugs and Narcotics Change of Shift record for 11/15/2024, and the Control Substance Record dated 11/15/2024 for Resident #22. They stated it was not their signature on the records. They said they never gave the resident an oxycodone and stated they would go under oath and swear to it. Surveyor asked how another nurse would get the keys to the narcotic box during their shift and they stated it could have been done on a shift after theirs. They said they took their job seriously and always documented on the Medication Administration Record and on the narcotic sheets when they administered a narcotic.</p> <p>10 New York Code of Rules and Regulations 415.12(m)(2)</p> <p>48744</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48615</p> <p>Based on observation, record review, and interviews conducted during the recertification survey, the facility did not ensure drugs and biologicals were labeled and stored in accordance with professional standards of practice, for 2 of 2 medication rooms reviewed (200 unit and 300 unit), and 3 of 3 medication carts reviewed (200, 300, and 400 units). Specifically, (a.) opened medications had no open and/or expiration dates; (b.) opened stock eye drops were not labeled with resident's name; (c.) medication refrigerator temperature was outside of therapeutic range; (d.) non-medication items were stored in narcotic cabinet; (e) a narcotic box was not secured with double lock; and (d) open cups of food were stored in medication cart.</p> <p>This is evidenced by:</p> <p>The facility's Policy and Procedure titled Medication Storage Date Revised: ,d+[DATE] documented, Medications would be stored in an orderly, organized manner in a clean area. Expired, discontinued and/or contaminated medications would be removed from the medication storage areas and disposed of in accordance with facility policy. Medication would be stored at the appropriate temperature in accordance with the pharmacy and/or manufacturer labeling. Medications requiring refrigeration would be stored in a refrigerator that is maintained between 2 to 8 degrees Celsius (36 to 46 degrees Fahrenheit).</p> <p>The facility's Policy and Procedure titled Medication Administration date revised: ,d+[DATE], documented its purpose was to administer medications in a way that ensures resident's safety and satisfied medical and legal concerns. PROCEDURE: #3: Avoid distractions when administering medications. Ensure medication is not outdated. All medications were to be properly labeled. All labels were to be clean and clear.</p> <p>NYS Title: Part 80 - Rules And Regulations On Controlled Substances 80.50 (1) Schedule I, II, III and IV controlled substances shall be kept in stationary, locked double cabinets. Both cabinets, inner and outer, shall have key-locked doors with separate keys; spring locks or combination dial locks are not acceptable. For new construction, cabinets shall be made of steel or other approved metal.</p> <p>During an observation and interview on [DATE] at 10:05 AM, on 200-unit, Medication Cart #1 contained two Humalog Kwik pens, 1 pen was inside plastic bag labeled open date [DATE] and expiration date [DATE]. The 2nd pen was located in the back of the medication cart top drawer. Licensed Practical Nurse #1 placed the 2nd pen inside the plastic bag along with the other insulin pen. The 2nd pen did not have an open and or expiration date. Licensed Practical Nurse #1 stated the pen was opened on that morning. 1 albuterol inhaler had an open date of [DATE]. Licensed Practical Nurse #1 was unable to determined what the expiration date would or should be.</p> <p>During an observation and interview on [DATE] at 10:15 AM, on 200-unit, Medication Room, Narcotic box #1 contained a wallet and a medic alert of an expired resident. Licensed Practical Nurse #1 stated they were waiting for family to pick up the wallet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0761</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 [DATE] at 10:15 AM, on #200-unit, Medication Room, Narcotic Box #2 outer lock was left open. Licensed Practical Nurse #5 stated it was an oversight and the lock was left open.</p> <p>During an observation interview on [DATE] at 10:40 AM on 300 -unit, Medication Cart #2 contained 3 open bottles of artificial tears stock eye drops. Licensed Practical Nurse #14 stated each resident received their own bottle of eye drops. The eye drops were not labeled with resident name, instead illegible initials were on each of the 3 bottles. In addition, 2 unopened bottles of refresh eye drops were dated [DATE].</p> <p>During an observation and interview on [DATE] at 10:55 AM, the 300 Unit Medication Room refrigerator temperature was 50 degrees Fahrenheit. Licensed Practical Nurse #14 stated they would notify maintenance.</p> <p>During an observation interview on [DATE] at 11:00 AM, the 400-Unit Medication Room Narcotic Box side 1 contained a wedding band. Licensed Practical Nurse #15 stated it was unknown who the wedding band belonged to. The jewelry was placed there for safe keeping.</p> <p>During an observation interview on [DATE] at 11:20 AM, 400-Unit, Medication Cart #2 contained 3 open cups of applesauce and 1 unopened cup of vanilla pudding labeled refrigeration required. Licensed Practical Nurse #15 discarded the items.</p> <p>During an interview on [DATE] at 11:30 AM, Assistant Director of Nursing #1 stated all resident valuables were stored in the business office.</p> <p>During an interview on [DATE] at 11:00 AM, Director of Nursing #1 stated all resident valuables were kept in the business office. When the business office is closed, valuables could be stored in locked medication room, but not in narcotic box. All nursing staff received medication administration education upon hire and throughout year as needed.</p> <p>10 New York Codes, Rules, and Regulations 415.18(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>34630</p> <p>Based on record review and interviews during a recertification and abbreviated survey (Case# NY00349706), the facility did not ensure it promptly notified the ordering physician of laboratory results that fell outside of clinical reference ranges per the ordering physician's orders for 1 (Resident #269) of 1 resident reviewed. Specifically, the ordering physician was not notified when Resident #269's blood sugar results were outside of the clinical reference range on 7/11/2024, 7/12/2024, 7/18/2024 and 7/19/2024.</p> <p>This is evidenced by:</p> <p>Resident #269 was admitted to the facility with diagnoses of type 1 diabetes without complications, urinary tract infection, and muscle weakness. The Minimum Data Set (an assessment tool) dated 10/10/2024, documented the resident was cognitively intact. The resident was able to make themselves understood and understood others.</p> <p>The Policy and Procedure titled, Medication Administration Time Guidelines, revised 2/2024, documented fingersticks as ordered by the physician.</p> <p>The Policy and Procedure titled, Resident Status Change/Physician/Family Notification, revised 10/2021 and reviewed 5/2024, documented the resident's physician would be notified of a significant change in the resident's condition whether physical, mental, or emotional.</p> <p>The Care Plan for Diabetes, updated 8/26/2024, documented the resident's blood sugar would be maintained in the therapeutic range. Interventions documented administer medications as per orders, fingerstick blood sugars as ordered, and insulin coverage.</p> <p>Review of Physician Orders documented:</p> <ul style="list-style-type: none"> - 7/06/2024 Fingerstick/Insulin Coverage Orders: every day before meals and at bedtime. Insulin Aspart Solution (fast-acting) Pen-injector 100 units/ml. Insulin scale: range 151-200, 2 units; range 201-250, 4 units; range 251-300, 6 units; range 301-350, 8 units; range 351-400, 10 units; result 400, 12 units. Result 400 - contact physician. <p>Review of the Medication Administration Record documented:</p> <ul style="list-style-type: none"> - 7/11/2024 at 7:30 AM Registered Nurse #1 - blood sugar result was 456 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified. - 7/12/2024 at 7:30 AM Registered Nurse #1 - blood sugar result was 428 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified. - 7/12/2024 at 11:30 AM Licensed Practical Nurse #15 - blood sugar result was 558 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335543	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2024
NAME OF PROVIDER OR SUPPLIER Capstone Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Swart Hill Road Amsterdam, NY 12010	
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 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 7/12/2024 at 5:30 PM Licensed Practical Nurse #16 - blood sugar result was 446 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified.</p> <p>- 7/18/2024 at 5:30 PM Licensed Practical Nurse #17 - blood sugar result was 400 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified.</p> <p>- 7/19/2024 at 11:30 AM Registered Nurse #4 - blood sugar result was 600 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified.</p> <p>- 7/19/2024 at 5:30 PM Licensed Practical Nurse #16 - blood sugar result was 600 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified.</p> <p>- 7/19/2024 at 9:00 PM Licensed Practical Nurse #16 - blood sugar result was 503 and 12 units of Insulin Aspart Solution was given. There was no documentation in Nurse's Notes that the physician was notified.</p> <p>During an interview on 12/10/2024 at 1:30 PM, Registered Nurse #4 stated the resident frequently had high blood sugars above 600. They stated they probably communicated to the Registered Nurse on the unit after they gave the 12 units of insulin. Stated for a blood sugar greater than 400, they usually cover the 400 (give the insulin) and called the physician, who usually orders an extra dose of insulin.</p> <p>During an interview on 12/10/2024 1:55 PM, Registered Nurse #1 stated they did not recall the resident. Stated they would call the physician and let them know what the order and the blood sugar result was, and the physician would usually order additional insulin.</p> <p>10 New York Code of Rules and Regulations 415.20</p>		