

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335543                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Capstone Center for Rehabilitation and Nursing                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>302 Swart Hill Road<br>Amsterdam, NY 12010 |                                                 |
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| F 0550<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews conducted during a survey, the facility failed to ensure care and services were provided in a manner that promoted dignity and respect for one (1) (Resident #1) of 4 residents reviewed and for one (1) of three (3) nursing units observed. Specifically, (a.) During an interview on 5/28/2026, Resident #1's family member reported that the resident's clothes were soaked with urine and were malodorous during several visits. There was evidence that the resident refused their clothes changed several times in June, July, and August 2025 and there was no documented evidence that the nurse was notified and (b.) during observation of the fourth-floor unit on 5/29/2026, a staff member was observed entering three (3) resident rooms without knocking on the door. Findings include: Resident #1: Resident #1 was admitted to the facility with diagnoses of unspecified Alzheimer's disease (type of dementia that affects memory, thinking, and behavior), essential (primary) hypertension (high blood pressure that is not due to another medical condition), and Non-ST elevation (STEMI) myocardial infarction (heart attack that happens when there is a partial blockage in a coronary artery). The Minimum Data Set (an assessment tool) dated 08/05/2025, documented the resident had severe cognitive impairment), usually made themselves understood, and usually understood others. The Policy and Procedure titled, Activities of Daily Living, revised/reviewed 02/2025, documented the purpose of the policy was to assist and encourage all residents to their highest practicable level of independence and to provide the necessary support in all ADL (Activities of Daily Living) functioning. Activities of Daily Living would be completed daily by the resident with the assistance of the facility resident care staff as needed. If the resident resisted/refused care the staff nurse was to be notified and the nurse was to document in the Progress Notes of the resident's chart. The Policy and Procedure titled, Dignity and Quality of Life, revised/reviewed 01/2026, documented that each resident would be cared for in a manner that promoted and enhanced quality of life, dignity, respect, and individuality. Residents would be treated with dignity and respect at all times. Staff would knock and request permission before entering a resident's room. The Comprehensive Care Plan for ADL (Activities of Daily Living)/Mobility revised 11/11/2025, documented the resident needed substantial/maximal assistance with two-person for upper/lower body dressing and to put on/take off footwear. A care plan note dated 06/09/2025, documented that the resident continued to be noncompliant with Activities of Daily Living. The Comprehensive Care Plan for Behaviors revised 11/02/2025, documented that the resident had a history of refusing care related to unspecified Alzheimer's disease and depression (mood disorder that causes a persistent feeling of sadness and loss of interest). The resident had a history of being transient, living on the streets for extended periods of time and as a result, the resident felt it was not a big deal or a concern if they did not shower or change their clothes regularly. They had a history, confirmed by the family of often wearing the same pants for days/weeks at a time. The resident would hit staff when they were made to do something they did not want to do such as rinse the soap off in the shower. The resident could not be reasoned with when they were angry. Approaches (interventions) included approach in a calm, positive manner; monitor behaviors and update physician (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE                                   | (X6) DATE                            |
| FORM CMS-2567 (02/99)<br>Previous Versions Obsolete                      | Event ID:<br><br>Facility ID:<br>335543 | If continuation sheet<br>Page 1 of 7 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>as needed; reapproach at a later time; if appropriate delay care until the resident was calm and approachable. A care plan note dated 06/09/2025, documented that the resident continued to be noncompliant with Activities of Daily Living. The Comprehensive Care Plan for Elimination, revised 10/30/2025, documented the resident was frequently incontinent of bladder. Approaches included offer a bedpan/urinal as needed with set-up/limited assistance, assist in adjusting clothes after toileting, assist with cleansing and drying after toileting. The Comprehensive Care Plan for Noncompliance, revised 10/30/2025, documented the resident often refused showers and daily wash-up. The approaches documented were related to medication administration only. A care plan note dated 06/09/2025, documented that the resident continued to be noncompliant with Activities of Daily Living. A Care Card (instructions for resident care) was no longer available because the resident was discharged. Review of the Certified Nurse Aide documentation for dressing (upper/lower body dressing, putting on/taking off footwear) documented Resident #1 refused dressing twenty-four (24) times in June 2025, twenty-eight (28) times in July 2025, and ten (10) times in August 2025 and there was no documented evidence the nurse was notified. For instance: At 01:00 PM on 06/02/2025, 06/04/2025, 06/09/2025, 06/13/2025, 06/17/2025, 06/23/2025, 06/24/2025, 06/26/2025, 06/27/2025, and 06/30/2025. At 01:00 PM on 07/01/2025, 07/06/2025, 07/09/2025, 07/14/2025, 07/17/2025, 07/18/2025, 07/19/2025, and 07/21/2025. At 12:00 PM on 08/16/2025, 08/18/2025, and 08/30/2025. A Nursing Progress Note dated 08/05/2025 at 11:05 AM by Registered Nurse #2 documented the resident had a history of independent toileting but now needed assistance for transfers and moderate help with hygiene due to increased bowel and bladder incontinence. The resident would often not seek out the toilet and would walk away when cued. Self-care deficits had increased and required more assistance with dressing and bathing, which the resident previously did independently. The resident exhibited increasingly resistant behavior during care and had a shorter temper, with frequent yelling and threats directed toward staff, particularly during toileting and other Activities of Daily Living Assistance. During an interview on 05/28/2026 at 02:33 PM, Family Member #1 stated Resident #1 had dementia and almost every time they visited, the resident had a terrible odor coming from them and it was ridiculous. They were aware the resident often refused showers and had concern that staff at the facility did not have the appropriate dementia training. They stated the resident would be soaked through their clothes with urine and staff would bring the resident to the dining room in that condition. They stated they saw other residents in the dining room soaking wet from urine. There was an occasion when Resident #1 was walking up and down the hallway with bare feet and their feet were [NAME] than coal. They asked staff for a basin and Family Member #1 washed the resident's feet. They stated when they were visiting the resident and they needed help, they would find staff sitting at the nurse station on their cell phones. During an observation of the fourth-floor unit on 05/29/2026 at 08:50 AM, a staff member was observed in the hallway carrying linens and entered room [ROOM NUMBER], then room [ROOM NUMBER], and then room [ROOM NUMBER], without knocking prior to entering or announcing themselves. The residents were inside their room at the time. During an interview on 05/29/2026 at 09:07 AM, Resident #4, who was assessed as being cognitively intact, stated they had seen residents in the dining room wearing clothes that were wet from urine. During an interview on 05/29/2026 at 01:09 PM, Certified Nurse Aide #1 stated if a resident refused care they would reapproach the resident a few minutes later. If the resident continued to refuse care, they would let the nurse and nurse manager know and they would help with the resident. They were taught to change residents prior to going to the dining room and could not change a resident during lunch because it was cross contamination. If a resident was visibly soiled with feces during lunch, they would change the resident but if the resident had a wet brief and was not soaked they would change them after lunch. Out of respect for the resident and to maintain dignity, they knocked on a resident's door and waited for the resident to respond prior to entering the room. During an interview on 05/29/2026 at 01:25 PM, Certified Nurse Aide #2 stated if a resident refused care they would talk to Registered Nurse #3, who would help them with the resident. (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0550</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>If they were in the process of bringing residents to the dining room for a meal and they discovered a resident was wearing clothes that were soaked in urine, they would take the other residents to the dining room and would go back to the room and change the resident. They maintained a resident's respect and dignity by knocking on the door every time before entering the room, introducing themselves, and telling the resident about the care they were going to receive. During an interview on 05/29/2026 at 01:33 PM, Certified Nurse Aide #3 stated if a resident refused care, they would try to convince them to receive the care. If they continued to refuse, they would let the nurse know or get another aide to help them with the resident. If they were passing meal trays and discovered a resident was soaked with urine, they would let staff know that they had to change the resident before they continued passing trays. They have been told not to stop passing meal trays to residents unless a resident was soaked through their clothes. They stated if the assigned Certified Nurse was checking their residents every two (2) to three (3) hours there should not be a soaked resident unless the resident had a medical condition and they were taking a medication like Lasix (water pill used to treat fluid retention) and they produced a lot of urine. They maintained a resident's respect and dignity by knocking on the resident's door prior to entering, introducing themselves, ensuring the resident looked presentable; was clean, dressed, looked neat and put together, and their hair was combed. During an interview on 05/29/2026 at 01:45 PM, Registered Nurse #1 stated for care refusals staff were to educate the resident as much as they could comprehend about the importance of changing their clothes and being clean. They educated staff on how to interact with a resident who refused care. Sometimes staff needed to change the way they asked the resident or wait until the next shift. The Certified Nurse Aides were supposed to document the refusal of care and notify the nurse. The nurse was to document the refusal in the electronic medical record to show an attempt to provide care was made. All staff were supposed to knock on the resident's door prior to entering to maintain respect and dignity. During an interview on 05/29/2026 at 02:02 PM, Registered Nurse #2 stated Resident #1 was very confused but could hold a conversation. The resident frequently walked around the unit. The resident was sometimes agreeable to having care provided. The resident would tell staff they did not need them to provide care because they took care of themselves. If Resident #1 did not want to be changed, they would become verbally and physically aggressive. They stated Resident #1 smelled like urine and their clothes were dried with urine because the resident refused dressing and would not change their clothes themselves. They stated they reached out to the resident's sister who was the Health Care Proxy about the refusals. The Certified Nurse Aides were taught to document the refusal and tell the nurse. The nurse would then document the refusal in the electronic medical record. During an interview on 05/29/2026 at 03:10 PM, Registered Nurse #3 stated they respected a resident's right to refuse care and care planned care accordingly. They notified the physician and family of all refusals. If a Certified Nurse Aide was in the process of bringing residents to the dining room and they discovered a resident was soaked with urine, they should take care of the resident. On their unit, the aide communicated with the nurse or nurse manager, and they would help with the resident. All nursing staff were responsible for providing incontinence care and answering call lights. They stated they would reprimand a staff member if they brought a resident to the dining room that was wet with urine. They stated maintaining dignity and skin integrity had priority over a meal. Staff received dementia training during orientation. During an interview on 05/29/2026 at 03:51 PM, Assistant Director of Nursing #1 stated Resident #1 was nice to staff if they liked them. If the resident did not like a particular staff member, the resident was mean to them. The resident refused care. If the resident's came to visit, they could sometimes coax the resident to change their clothes and get cleaned. When Resident #1 was noncompliant with care, they would slam their walker onto the floor and swore at staff. Most often, Resident #1 was mad because they were in the facility. Resident #1 walked the unit all day long. The resident was incontinent often and their clothes and socks were wet with urine. The resident would tell staff they did not need their help. If a resident was soiled prior to a meal, the Certified Nurse Aide was to tell staff they needed to provide care because it was a dignity (continued on next page)</p> |                                                                                         |                                                 |

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| F 0550<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>issue for the resident and for other residents. Staff received dementia at orientation. All staff were to knock on the door or say knock, knock prior to entering, to let the resident know they were entering. All care refusals were to be documented by the Certified Nurse Aide and the assigned nurse. During an interview on 05/29/2026 at 04:34 PM, Director of Nursing #1 stated care rounds were supposed to be done and the residents changed before a meal to avoid having to change a resident during a meal. Staff are trained to do care rounds before meals. They stated staff were aware of the need to knock before entering a resident's room. Dementia training that included behavioral issues was provided to staff when they were hired and yearly thereafter. During an interview on 05/29/2026 at 05:02 PM, Administrator #1 stated they were aware that Resident #1 was refusing care and they reached out to the Health Care Proxy monthly. The Health Care Proxy only answered the phone once, back in August 2025, and then hung up on Administrator #1. They stated they never met or talked to the Health Care Proxy and stated they could have called them back and talked to them about their concerns. All staff received education about resident rights and dignity and stated it was unacceptable for staff not to maintain a resident's respect and dignity. 10 New York Code of Rules and Regulations 415.5(a)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335543                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/26/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Capstone Center for Rehabilitation and Nursing                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| 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 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interviews conducted during a survey, the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for one (1) (Resident #1) of three (3) residents reviewed. Specifically, the facility failed to ensure the physician was notified when Resident #1 refused medications that included Metoprolol Succinate SR 24-hour 50 milligrams daily ordered for hypertension in June, July, and August 2025, and Levofloxacin 500 milligrams daily, ordered for pneumonia in August 2025. Findings include: Resident #1: Resident #1 was admitted to the facility with diagnoses of unspecified Alzheimer's disease (type of dementia that affects memory, thinking, and behavior), essential (primary) hypertension (high blood pressure that is not due to another medical condition), and Non-ST elevation (STEMI) myocardial infarction (heart attack that happens when there is a partial blockage in a coronary artery). The Minimum Data Set (an assessment tool) dated 08/05/2025, documented the resident had severe cognitive impairment), usually made themselves understood, and usually understood others. The Policy and Procedure titled, Medication Administration revised/reviewed 01/2025 documented all medications would be administered and documented using the electronic medical record. If a resident refused medication, reapproach twice and more as appropriate. If the resident still refused the medication(s), the medication was properly disposed. Documentation should include the refusal, and notification to the physician at the time of the refusal. The Unit Manager/Supervisor would be notified, and the refusal was placed on the 24-Hour report. The Policy and Procedure titled, Documentation Guidelines, revised/reviewed 02/2025, documented it was the policy of the facility for a nurse's documentation to reflect the quality of care that had been given to the residents in their care. Proper documentation was also evidence that the nurse functioned as required or ordered. Documentation Principles included, chart a resident's refusal to allow treatment or take medication and ensure to report the refusal to the immediate supervisor so that the medical provider could be informed per policy. The Comprehensive Care Plan for Cardiac: Potential for Complications, revised 06/09/2025, documented the resident had diagnoses of Non-ST elevation (STEMI) myocardial infarction, ischemic cardiomyopathy (coronary arteries in the heart become lined with plaque), and essential hypertension. Approaches (interventions) included medication as per physician order and monitor for effectiveness and side effects. A care plan note dated 06/09/2025, documented the resident continued to be noncompliant with medications. The Comprehensive Care Plan for Behaviors revised 11/02/2025, documented the resident had a history of refusing care related to unspecified Alzheimer's disease and depression (mood disorder that causes a persistent feeling of sadness and loss of interest). The resident would frequently refuse to take their pills and would get angry when nursing attempted to encourage the resident. The resident could not be reasoned with when they were angry. Approaches included approach in a calm, positive manner; monitor behaviors and update physician as needed; reapproach later; allow fifteen (15) minutes between reapproach. A care plan note dated 06/09/2025, documented that the resident continued to be noncompliant with medications. The Comprehensive Care Plan for Noncompliance, revised 10/30/2025, documented the resident had a problem with medication adherence. Approaches included nursing would ensure the resident's mood was not negative before offering the medication and if negative do not attempt at that time, reapproach later; nursing would reapproach the resident if at first, they refused to take their medications. A care plan note dated 06/09/2025, documented that the resident continued to be noncompliant with medications. Physician Orders report with starting date range of 10/28/2024, included the following: Metoprolol Succinate SR (sustained release) 24-hour tablet 50 milligrams, one (1) tablet by mouth every day at 08:00 AM, for essential (primary) hypertension. The start date was 10/28/2024 and was discontinued 12/23/2025. Levofloxacin tablet 500 milligrams, one (1) tablet by mouth from 08/03/2025 to 08/10/2025, every day from 07:00 AM to 12:00 PM for pneumonia (inflammation and fluid in the lungs caused by a bacterial, viral, or fungal infection). The start date was 08/04/2025 and was discontinued (continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 08/27/2026  
Form Approved OMB  
No. 0938-0391

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>08/10/2025. Review of the Medication Administration record dated June, July, and August 2025 documented the resident refused medications that included Metoprolol Succinate SR 24-hour tablet 50 milligrams on the following days and there was no documented evidence the physician was notified: On 06/02/2025 through 06/09/2025, 06/16/2025, 06/24/2025, 06/26/2025, and 06/30/2025. Electronic signatures were documented by Licensed Practical Nurse #s 3, 4, and 5 for the dates listed. On 07/04/2025, 07/06/2025, 07/07/2025, and 07/12/2025. Electronic signatures were documented by Licensed Practical Nurse #s 3, 5 and 8 for the dates listed. On 08/07/2025, 08/08/2025, 08/18/2025, and 08/26/2025. Electronic signatures were documented by Licensed Practical Nurse #s 6, 7, 9, and 10 for the dates listed. Review of the Medication Administration record dated August 2025 documented the resident refused medications that included Levofloxacin tablet 500 milligrams on 08/07/2025 and 08/08/2025 and there was no documented evidence that the physician was notified. Electronic signatures were documented by Licensed Practical Nurse #s 6 and 7 for the dates listed. A Nursing Progress Note dated 07/23/2025 at 3:36 PM by Assistant Director of Nursing #1, documented Resident #1 often refused medications. A Nursing Progress Note dated 08/05/2025 at 11:05 AM by Registered Nurse #2, documented medication refusal was a continued issue with recent refusals noted this month and last month. During an interview on 05/29/2026 at 11:34 AM, Licensed Practical Nurse #1 stated if a resident refused a medication they would reapproach the resident fifteen (15) minutes later. If they still refused, they would let Registered Nurse #2 know who would then try to administer the medication. Licensed Practical Nurse #1 would write the refusal in a progress note. Registered Nurse #2 would contact the provider and document a note in the electronic medical record. During an interview on 05/29/2026 at 01:21 PM, Licensed Practical Nurse #2 stated they told the resident what medications they were about to receive. If the resident refused, they would leave the resident and reapproach within thirty (30) minutes. If the resident continued to refuse, they would write a progress note and let Registered Nurse #3 know, who would then try to encourage the resident to take the medications. Registered Nurse #3 would inform the physician of the refusal. During an interview on 05/29/2026 at 01:45 PM, Registered Nurse #1 stated if a resident refused a medication the nurse should be documenting the refusal in a progress note and then notifying them (Registered Nurse #1), and they notified the provider. The facility's policy was for the nurse to reapproach and educate the resident if applicable about the importance of taking the medication and the risks of not taking them. The nurse should also ask the resident why they did not want the medication so that the facility could use different approaches for the refusals. During an interview on 05/29/2026 at 02:02 PM, Registered Nurse #2 stated Resident refused medications at times. The nurse was supposed to reapproach the resident a few times when they refused medication. The nurse would sometimes have another nurse try to give the medications. If the resident continued to refuse, the nurse would notify them (Registered Nurse #2). Usually, they or the administering nurse would put a note in the electronic medical record about the refusal. Registered Nurse #2 would notify the physician of the refusal. During an interview on 05/29/2026 at 03:10 PM, Registered Nurse #3 stated they were notified by the licensed practical nurse when a resident refused medication. Registered Nurse #3 would then call the physician and family member. If there was no registered nurse on the unit, the licensed practical nurse was to call the physician. The nurse administering the medication should be documenting a progress note about the refusal. All interactions between the nurse and the physician should be documented. During an interview on 05/29/2026 at 03:51 PM, Assistant Director of Nursing #1 stated Resident #1 refused medications. The facility's policy was for the nurse to reapproach the resident or try again with another nurse. The nurse was to document the refusal in the electronic medication administration record. The provider was to be notified of the refusal by any licensed nurse. The call to the provider and the refusal was to be documented in a progress note. During an interview on 05/29/2026 at 04:34 PM, Director of Nursing #1 stated Resident #1 refused medication. The facility's policy was to reapproach the resident three (3) times when they refused medication. The nurse was to notify the unit manager or (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0684</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>supervisor, who would then notify the provider. The medication refusal was documented by the nurse and the notification to the provider was documented by the nurse who contacted the provider. During an interview on 05/29/2026 at 05:02 PM, Administrator #1 stated the provider was to be notified when a resident refused medication. The refusal/notification should be documented in the electronic medical record. During an interview on 06/02/2026 at 11:49 AM, Licensed Practical Nurse #5 stated they were an agency nurse and was not familiar with Resident #1. They received no education from the facility about what to do when a resident refused medication. In general, they knew they had to notify the provider. They stated management at the facility had no support system in place to provide education for staff regarding the refusals. The facility offered no information on how to reach a provider and so when they worked on Resident #1's unit, they reported all refusals to Registered Nurse #2, who would tell them they would take care of reporting to the provider. Typically, they would document a medication refusal on a 24-hour report but did not know how to use the facility's 24-hour report. They were not sure if they documented the medication refusals in a nursing note. During an interview on 06/02/2026 at 01:46 PM, Physician #1 stated they were not familiar with Resident #1 and did not recall being called about medication refusals. When a resident refused medications, nursing staff usually called them, and they would give the nurse instructions. The nurse would then document that they spoke with the physician and the instructions given. They should be calling the physician for all medication refusals. Usually, the nurse would leave the resident and reapproach and then called the physician if they continued to refuse. They stated some nurses were proactive and documented that the physician was notified. During an interview on 06/03/2026 at 01:31 PM, Licensed Practical Nurse #6 stated they were an agency nurse and was familiar with Resident #1. They stated the resident could identify the pills they received. They did not recall if the resident refused medications they had administered. If a resident refused medications, they would leave the resident and reapproach after a few minutes. They usually called the physician to let them know the resident had refused. They did not recall calling the physician about Resident #1. They would also inform the nurse manager or overnight supervisor of the refusal. They were not sure if the facility utilized a 24-hour report. On 06/02/2026 at 11:27 AM and 06/03/2026 at 02:04 PM, Licensed Practical Nurse #3 was contacted, and a voice message was left both times. The surveyor did not receive a return call. On 06/02/2026 at 11:35 AM, Licensed Practical Nurse #4 was contacted the surveyor could not leave a voice message. A subsequent call was placed on 06/03/2026 at 02:03 PM, and a voice message was left. The surveyor did not receive a return call. On 06/02/2026 at 12:28 PM, Licensed Practical Nurse #7 was contacted, and their phone number was not in service. On 06/04/2026 at 01:33 PM, Administrator #1 reported in an email that Licensed Practical Nurse #9 no longer worked for the staffing agency they utilized, and their phone number was no longer available. On 06/04/2026 at 01:46 PM, Licensed Practical Nurse #8 was contacted, and a voice message was left. The surveyor did not receive a return call. On 06/04/2026 at 01:46 PM, Licensed Practical Nurse #10 was contacted, and a voice message was left. The surveyor did not receive a return call. 10 New York Code of Rules and Regulations 415.12</p> |                                                                                         |                                                 |