

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/05/2024
NAME OF PROVIDER OR SUPPLIER Ontario Center for Rehabilitation and Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 3062 County Complex Drive Canandaigua, NY 14424	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47641</p> <p>Based on observations, interviews, and record reviews conducted during an Abbreviated Survey (Complaint #NY00314833), for two (Resident #11 and Resident #12) of three residents reviewed for Activities of Daily Living, the facility did not ensure that a resident who was unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene. Specifically, Resident #11 did not receive assistance with shaving and washing their hair. Resident #12 did not receive assistance with shaving and nail care. This is evidenced by the following:</p> <p>Review of the facility policy Activities of Daily Living Care and Support, dated 3/13/24, documented that the facility would provide residents with activities of daily living care and support in accordance with current standards of practice, State and Federal regulations, and were based on the resident's assessed needs, personal preferences, and goals of care. Additionally, nail care should be provided as needed, and facial hair should be groomed and hair care provided to the resident per their preference and/or assessed needs.</p> <p>1. Resident #11 had diagnoses that included rheumatoid arthritis (a chronic inflammatory disorder), diabetes, and depression. The Minimum Data Set Resident assessment dated [DATE] documented that a bath or shower was very important to the resident.</p> <p>Review of a progress note dated on 3/1/24 and documented by Social Work #1, revealed that Resident #11 had moderately impaired cognition.</p> <p>Review of a progress note dated on 4/3/24 and documented by Registered Nurse #1, revealed Resident #11 had contractures to both upper extremities and the resident required assistance with activities of daily living.</p> <p>Review of the current Comprehensive Care Plan and the Kardex (care plan used by Certified Nursing Assistants for daily care) revealed Resident #11 required the assistance of one staff member for personal hygiene.</p> <p>During an observation on 4/2/24 at 12:40 PM, Resident #11's hair appeared unwashed, and they had thick, dark facial hair under their nose, down both sides of their face and across their neck. When interviewed at that time, Resident #11 stated they were unable to care for their hair and facial hair on their own and it bothered them.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/3/24 at 9:45 AM, Resident #11 continued to be unshaven with hair unwashed.</p> <p>Review of the facility's shower schedule revealed Resident #11 was scheduled for a shower on the evening shift of 4/3/24.</p> <p>During an observation and interview on 4/4/24 at 9:45 AM with Registered Nurse Manager #1, Resident #11 continued to be unshaven and their hair unwashed. When interviewed at that time, Registered Nurse Manager #1 stated that Resident #11 should not look like that if they had received a shower. Shaving and hair washing should be completed on the shower day either with the shower or bed bath.</p> <p>Review of Resident #11's Certified Nursing Assistant tasks documented in their electronic medical record revealed that Resident #11 had received a shower on 4/3/24 at 9:21 PM.</p> <p>2.Resident #12 had diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) following cerebral infarction (stroke). The Minimum Data Set Resident assessment dated [DATE] documented the resident had moderately impaired cognition, had impairments to one arm and one leg affecting daily function, and required assistance with personal hygiene.</p> <p>Review of the current Comprehensive Care Plan and Kardex revealed that Resident #12 required assistance from one staff member for personal hygiene and was dependent on staff for bathing.</p> <p>During observations on 4/2/24 at 2:00 PM and 4/3/24 at 10:10 AM, Resident #12 had long facial hair on their chin measuring approximately four to five centimeters long and the fingernails on both hands had dark, brown debris underneath multiple nails.</p> <p>During an interview on 4/3/24 at 10:17 AM, Certified Nursing Assistant #1 stated that shaving and nail care were provided as needed and during showers. They stated they had given Resident #12 a shower at the start of the shift around 7:00 AM and did not notice at that time that Resident #12 had facial hair or dirty nails. When observed at that time, Certified Nursing Assistant #1 stated that Resident #12 had facial hair that needed to be shaved and had dirty nails that needed to be cleaned.</p> <p>During an interview on 4/4/24 at 12:06 PM, the Director of Nursing stated grooming and hygiene should be completed as needed, during showers, and per resident preference. Additionally, the Director of Nursing stated that they had been aware recently that activities of daily living were not always being completed as they should be.</p> <p>During an interview on 4/4/24 at 12:39 PM, the Administrator stated they had spoken with residents who reported not getting showers and concerns with activities of daily living had been raised at resident council meetings and these concerns would go to nursing.</p> <p>10 NYCRR 415.12(a)(3)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>47641</p> <p>Based on observations, interviews, and record reviews conducted during an Abbreviated Survey (Complaint # NY00314833) it was determined that for one (Resident #12), of three residents reviewed for accidents the facility did not ensure that each resident received the appropriate assistance devices to prevent accidents. Specifically, Resident #12 required the use of a Hoyer lift (a mechanical lift device) for safe transfers. During an observation two staff members transferred the resident without using a mechanical lift. This is evidenced by the following:</p> <p>The facility policy Activities of Daily Living Care and Support revised on 3/13/24, documented that the facility shall provide residents with Activity of Daily Living care and support in accordance with current standards of practice, State and Federal regulations, and are based on the resident's assessed needs, personal preference, and goals of care.</p> <p>Review of the facility policy Care Plans - Comprehensive, dated October 2019 revealed the care plans are used to describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.</p> <p>Resident #12 had diagnosis including hemiplegia (paralysis on one side of the body) following cerebral infarction (stroke), osteoarthritis, and heart failure. The Minimum Data Set Resident assessment dated , 1/14/24 documented the resident had moderately impaired cognition, had impairments in range of motion that affected daily functions on one side of the body of both upper and lower extremities and was dependent on staff for transfers.</p> <p>Review of Resident #12's current Comprehensive Care Plan and Kardex (care plan used by the Certified Nursing Assistants for daily care) revealed Resident #12 required two staff assistance using a Hoyer lift when transferring from the chair to the bed or the bed to the chair.</p> <p>During an observation and interview on 4/3/24 at 10:30 AM, Certified Nursing Assistant #1 and Certified Nursing Assistant #3 assisted Resident #12 to stand up from their wheelchair and assisted the resident to sit on their bed without the use of a walker or mechanical lift. Certified nursing assistant #1 stated they could not find a Hoyer lift sling, so they transferred the resident by a stand and pivot transfer. Additionally, the Certified Nursing Assistant #1 stated that the resident was also transferred out of bed to their wheelchair earlier that morning without the mechanical lift due to not having any lift slings available.</p> <p>During an observation and interview on 4/3/24 at 2:21 PM, the Laundry Supervisor stated on 2/24/24 they started completing Hoyer lift sling audits as staff were saying they did not have any slings on the units. The Laundry Supervisor said that there were not any lift slings in the laundry that day (4/3/24) and there were no slings observed in the laundry room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 4/3/24 at 2:30 PM, Certified Nursing Assistant #2 stated they had approximately 14 residents on their unit that required a Hoyer lift transfer and that they never have enough lift slings, so they often must leave the residents in bed or use a shower pad to lift them. Additionally, Certified Nursing Assistant #2 stated the Nurse Managers and the Director of Nursing have not listened to the staff concerns regarding mechanical lift slings.</p> <p>During observations on 4/4/24 at 11:00 AM and 11:15 AM, there were no clean mechanical lift slings in either of the resident unit clean linen rooms.</p> <p>During an interview on 4/4/24 at 12:06 PM, the Director of Nursing stated Physical Therapy was responsible for deciding a resident's transfer status. Registered Nurses can increase transfer assistance as needed, however no staff should ever use less assistance than what is care planned for. If a resident requires a Hoyer lift device there is not another option for transferring that resident. The Director of Nursing stated that each resident should have their own sling and that they were not aware that there were not enough mechanical Hoyer lift slings for all residents.</p> <p>During an interview on 4/4/24 at 12:39 PM, the Administrator stated the Unit Managers and the Director of Nursing had brought it to their attention approximately four or five times since January 2024 that there were not enough mechanical lift slings, they had ordered more and were hoping they came in soon. The Administrator stated the facility did not do an assessment or follow-up to determine why there were not enough mechanical lift slings available.</p> <p>10 NYCRR 415.12(h)(1)</p>		