

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 07/02/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41591</p> <p>Based on interviews and record review conducted during an Abbreviated Survey (NY00320939), for three (Residents #1, #2 and #3) of three residents reviewed the facility did not ensure a written notice of the facility's bed hold policy was provided to the residents or their representatives at the time of transfer to the hospital, or for emergency transfers, within 24 hours. Specifically, the facility could not provide evidence that any of the residents or their representatives were given written information regarding their bed hold policy in allowing the residents to return to the facility following a hospital discharge at the time of their transfer. This was evidenced by the following:</p> <ol style="list-style-type: none"> 1. Resident #2 had diagnoses that included bacteremia, major depressive disorder, and anemia. The Minimum Data Set Resident Assessment, dated 5/21/24, revealed the resident was cognitively intact. <p>Review of Resident #2's electronic medical record revealed the resident was transferred to the hospital several few weeks ago. The facility was unable to provide documented evidence the resident or their representative had been notified in writing of the facility's bed hold policy. The resident did not return to the facility.</p> <ol style="list-style-type: none"> 2. Resident #3 had diagnoses that included a below the knee amputation and benign prostrate hyperplasia (enlargement). The Minimum Data Set Resident assessment dated [DATE] documented the resident was cognitively intact. <p>Review of Resident #3's electronic medical record revealed the resident was transferred to the hospital twice in the past several months. There was no evidence the resident or their representative had been notified in writing of the facility's bed hold policy for either facility discharge and hospital admission.</p> <ol style="list-style-type: none"> 3. Resident #1 had diagnoses that included acute cystitis, acute pancreatitis, and anxiety. The Minimum Data Set Resident Assessment, dated 8/29/23, documented the resident was moderately impaired of cognition function. <p>Review of Resident #1's electronic medical record revealed the resident was transferred to the hospital several months ago and admitted for approximately nine days. There was no documented evidence that the resident or their representative had been notified in writing of the facility's bed hold policy.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/27/24 at 10:48 AM, the Business Office Manager stated that they had been in their position for the past two years and did not have a clear understanding of the bed hold process and was not aware of any communication that should happen when a resident is transferred to the hospital. The Business Office Manager stated they were only aware that a bed hold policy form was signed when all residents were admitted to the facility, and not when they were transferred to the hospital.</p> <p>During an interview on 6/27/24 at 12:03 PM, the Administrator stated that all clinicians were responsible for providing the bed hold form to the residents or their representatives upon admission to the facility and at the time of transfer to the hospital.</p> <p>During an interview on 6/27/24 at 1:30 PM, the Unit Manager stated that since they started working at the facility (March 2023) they had never been involved with giving residents or families any bed hold forms when they were transferred to the hospital and did not know who was responsible for that.</p> <p>10 NYCRR 415.3(i)(3)(i)(a)</p>		