

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 11/02/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>49686</p> <p>Based on observations, interviews, and record review conducted during an Abbreviated Survey (NY00342658), for one (Resident #12) of two residents reviewed for drugs and medication, the facility did not provide services to meet professional standards of quality. Specifically, nursing staff did not ensure medications were consumed by the resident and were left unattended with the resident in a common area. This was evidenced by the following.</p> <p>Review of the facility policy Medication Administration Review, dated August 2019, documented that Licensed Nurses must ensure that all medications are administered and documented.</p> <p>Resident #12 had diagnoses that included multiple sclerosis (a disease that affects the central nervous system), epilepsy (a brain condition that causes seizures), and hypertension (high blood pressure). The Minimum Data Set Resident Assessment, dated 10/13/2024, documented the resident had moderately impaired cognition and had impaired vision and trouble concentrating.</p> <p>Review of Resident #12 current Comprehensive Care Plan did not include that the resident's had been assessed to safely self-administer medications.</p> <p>Physician's orders, dated 10/31/2024, included Effexor XR (a medication for depression), amlodipine (a medication for high blood pressure), calcium-vitamin D tablet (supplement), divalproex sodium (a medication for epilepsy), levetiracetam (a medication for seizures), oxybutynin (a medication for overactive bladder), and fiber (supplement) that was scheduled to be given at 8:00 AM. The orders did not include that Resident #12's medications could be left unattended with the resident.</p> <p>Review of Resident #12's October 2024 Medication Administration Record revealed that the above medications were signed off as administered on 10/31/2024 at 8:00 AM (give or take an hour).</p> <p>Review of Resident #12 electronic medical record did not reveal any evidence that the resident had been assessed for self-administration of medication.</p> <p>During observations on 10/31/2024 at 10:07 AM, Resident #12 was sitting in the dining room with approximately 13 other residents in the dining room. A medication cup containing six pills was on the table. Resident #12 spilled the pills while reaching for the medication cup. At 10:10 AM, Certified Nurse Aide #1 picked up the pills and gave them to Unit Clerk #1. At 10:14 AM, Unit Clerk #1 stated they would give the pills to the nurse. At 10:18 AM, Licensed Practical Nurse #1 stated they were not assigned to Resident #12, but Licensed Practical Nurse Manager #2 was.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on at 10:21 AM, Licensed Practical Nurse Manager #2 stated the pills may belong to Resident #12 and they did not think that Resident #12 was care planned for leaving medications with them to take unobserved. Licensed Practical Nurse Manger #2 also stated they gave Resident #12 the pills sometime after 9:00 AM and watched the resident put the pills in their mouth, but did not see the resident swallow the pills, and should have confirmed that the medications had been taken.</p> <p>During an interview on 10/31/2024 at 11:26 AM, the Director of Nursing stated the nurse should stay with the resident until the medications are swallowed, and medication should not have been left unattended with Resident #12.</p> <p>10 NYCRR: 415.11(c)(3)(i)</p>		