STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335576	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairport Baptist Homes	4646 Nine Mile Point Road Fairport, NY 14450

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41591 Based on interviews, and record reviews conducted during an Abbreviated Survey (#NY00304693) 11/14/23 to 11/30/23, it was determined that for five (Residents # 2,4,6, 8, and 10) of five residents reviewed for abuse, neglect, and/or mistreatment the facility did not ensure that an investigation to rule out potential neglect or mistreatment was completed. Specifically, there was inconsistent evidence that Residents #2, 4, 6, 8, and 10 had received their physician ordered pain medications on 10/22/22 evening shift and the facility could not provide evidence that any medication error reports or investigations had been completed. The evidence includes but not limited to the following: The facility policy Abuse Prevention documented that the facility will not tolerate any form of resident abuse or exploitation and will maintain policies, procedures, training programs. Abuse is defined as mistreatment which refers to inappropriate use of medication, isolation, physical or chemical restraints. Neglect is defined as failure to provide goods and services necessary to avoid physical harm or mental anguish. 1. Resident #2 had diagnoses including chronic obstructive pulmonary disease, was legally blind and currently receiving palliative (end of life) care. The Minimum Data Set (MDS) Assessment, dated 10/25/22, documented the resident was cognitively intact. Review of current physician orders included, but not limited to the following: a. clonazepam (a scheduled/controlled psychotropic medication used to treat anxiety) 0.5 milligrams (mg) every 6 hours for anxiety. b. morphine (controlled narcotic) solution give 5 mg every 6 hours as needed for pain, tachypnea (rapid breathing) or restlessness. Review of Resident #2's October 2022 Medication Administration Record (MAR) revealed the clonazepam and morphine were scheduled to be administered at 6:00 PM on 10/28/22 and had been signed as administered at 6:00 PM. Review of the narcotic nurse signature sheet (a reconciliation of all controlled substances removed from the locked narcotic cupboard) revealed neither the morphine nor the clonazepam had been signed as removed for Resident #2's 6:00 PM dose on 10/28/22. The narcotic counts were correct (indicating the medications had not been removed from the cupboard). (continued on next page)

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: 335576	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairport Baptist Homes	4646 Nine Mile Point Road Fairport, NY 14450

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #6 had diagnoses including atrial fibrillation, congestive heart failure and pneumonia. The MDS Assessment, dated 9/30/22, documented the resident was cognitively intact. Physician orders dated 9/26/22 included oxycodone (narcotic opioid) 10 mg four times day for pain at 5:00 AM, 11:00 AM, 5:00 PM and 11:00 PM. Review of Resident #6's October 2022 MAR revealed the oxycodone 10 mg was signed as administered on 10/28/22 at 5:00 PM. Review of the narcotic nurse signature sheet revealed that oxycodone had been signed out on the narcotic sheet for the 5:00 PM dose. There were no discrepancies in the narcotic count. Resident #6 reported to the nursing supervisor at 8:00 PM on 10/28/22 that they had not received their 5:00 PM dose of oxycodone. The facility could not provide any evidence that an investigation had been done regarding Resident #6's claim that the medication had not been provided. 3.Resident #10 had diagnoses including diabetes, heart disease, and spinal stenosis. The MDS assessment dated [DATE], documented the resident was cognitively intact. Resident #10's current Physician orders included oxycodone give 2.5 mg at bedtime for pain. Review of the October 2022 MAR for Resident #10 revealed that the oxycodone was scheduled for 8:00 PM and had not been signed out as administered. It had originally been signed as administered, crossed out and documented as not given. In a facility reported incident by the prior Director of Nursing (DON-at the time of the incident), the DON wrote that the medication had been found in a medication cup on another unit. The facility was unable to provide evidence that any investigations related to the potential medication errors and inconsistent documentation had been completed to rule out neglect and/or narcotic diversion. During an interview on 11/15/23 at 2:30 PM, License Practical Nurse (LPN) #2, stated that when the nurse comes on duty and they are assigned the narcotic keys, the out-going and the on-coming nurses do a narcotic count together. If there is any discrepancy with the count the on-coming nurse will not accept the keys and the supervisor notified. The supervisor then starts an investigation and informs the on-coming nurse know when the discrepancy is resolved. LPN #2 stated when a medication is administered the nurse should sign the medication as administered immediately (in the MAR) and document it in the narcotic book and adjust the pill count. During an interview on 11/6/23 at 2:30 PM, Registered Nurse Manager (RNM) #1 stated that when there is an issue with narcotic medication sign out sheets and/or if a medication was given or not, an investigation should be started immediately, reported to the nursing supervisor and statements from staff members should be obtained. RNM #1 stated the Director of Nursing (DON) usually finishes the investigation and makes appropriate referrals. During an interview on 11/15/23 at 10:14 AM, the current DON (not the DON at the time of the incident), stated they could not find any investigation into the narcotic administration discrepancies. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335576	A. Building B. Wing	11/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Fairport Baptist Homes	4646 Nine Mile Point Road Fairport, NY 14450

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NYCRR 415.4(b)(1)(i)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335576	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Fairport Baptist Homes		STREET ADDRESS, CITY, STATE, ZIP CODE 4646 Nine Mile Point Road Fairport, NY 14450	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 41591 Based on interviews, and record reviews conducted during an Abbreviated Survey (#NY00304693) 11/14/23 to 11/30/23, it was determined that for four (Residents # 2,4, 8, and 10) of nine residents reviewed the facility did not ensure that the services and care provided met professional standards of quality. Specifically, there was inconsistent evidence that the Residents had received their physician ordered pain medications on 10/22/22 evening shift and the facility could not provide any evidence that any medication error reports were initiated, or follow-up had been completed. The evidence includes the following: The facility Licensed Practical Nurse (LPN) job description documented that the primary purpose of the job position is to oversee the nursing duties of a household by implementing the plan of care as developed by the Primary Nurse, or designee. The nurse should participate in the administration of nursing care in accordance with current Federal, State, and local standards. guidelines and regulations that govern the homes, to ensure that the comprehensive needs of the residents are met/maintained on an individual basis. Clinical functions were defined as administer and document medications according to State and Federal regulations. The facility Medication Administration Documentation, and Premedication policy documented the purpose was to provide an up-to date research driven standard of care in the administration and documentation of medication. This will promote promote safe and efficient medication delivery to residents. Medications are to be administered by a properly licensed nurse. 1. Resident #2 had diagnoses including chronic obstructive pulmonary disease, was legally blind and currently receiving palliative care. Review of current physician orders included, but not limited to the following: a. clonazepam (a scheduled/controlled psychotropic medication used to treat anxiety) 0.5 milligrams (mg) every 6 hours for anxiety. b. morphine (controlled narcotic) 5 mg every 6 hours as needed for pain, tachypnea (rapid breathing) or restlessness. Review of Resident #2's October 2022 Medication Administration Record (MAR) revealed the clonazepam and morphine were scheduled to be administered at 6:00 PM on 10/28/22 and had been signed (by Licensed Practical Nurse-LPN) #1 as administered at 6:00 PM. Review of the narcotic nurse signature sheet (a reconciliation of all controlled substances removed from the locked narcotic cupboard) revealed neither the morphine nor the clonazepam had been signed as removed for Resident #2's 6:00 PM dose on 10/28/22 and the narcotic counts were correct (indicating the medications had never been removed from the cupboard). 2. Resident #4 had diagnoses including dementia, multiple sclerosis, and depression. Review of current physician orders included, but not limited to the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335576	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Fairport Baptist Homes		STREET ADDRESS, CITY, STATE, ZIP CODE 4646 Nine Mile Point Road Fairport, NY 14450	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	a. oxycodone (narcotic opioid used to treat pain) 2.5 mg twice daily for pain. Review of Resident #4's October 2022 MAR revealed the oxycodone was scheduled to be administered at 8:00 PM on 10/28/22 but had not been signed that it had been administered. Review of the narcotic nurse signature sheet for 10/28/22 revealed that an oxycodone tablet had been signed as removed for Resident #4's 8:00 PM dose. The narcotic counts were correct (indicating the medication had been removed from the cupboard). 3. Resident #8 had diagnoses including adult failure to thrive, malignant neoplasm (cancer) of prostrate, and hyponatremia (low sodium). Resident #8 current Physician orders included Pregablin (a controlled substance medication to treat nerve pain) 25 mg at bedtime. Review of the October 2022 MAR for Resident #8 revealed that the Pregablin was scheduled for 7:00 PM but had not been signed as administered on 10/22/22. Review of the narcotic nurse signature sheet for 10/22/22 the medication was signed out in the narcotic book and removed from the cabinet. The counts were correct for that medication. 4. Resident #10 had diagnoses including diabetes, heart disease, and spinal stenosis. Resident #10's current Physician orders included oxycodone 2.5 mg at bedtime for pain. Review of the October 2022 MAR for Resident #10 revealed that the oxycodone was scheduled for 8:00 PM on 10/22/22 and had not been signed out as administered. It had originally been signed as administered, crossed out and documented as not given. In a facility reported incident by the prior Director of Nursing (DON) at the time, the DON wrote that the medication had been found in a medication cup on another unit. The facility was unable to provide evidence that any investigations related to the potential medication errors and inconsistent documentation had been completed to rule out neglect and/or narcotic diversion by the LPN #1 assigned to Residents #2,4,8, and 10 or any disciplinary action had been provided to the assigned LPN #1. During an interview on 11/6/23 at 2:30 PM, Registered Nurse Manager (RNM) #1 stated that when there is an issue with narcotic medication sign out sheets and/or if a medication was given or not, an investigation should be started, the issue reported to the nursing supervisor and statements from staff members should be obtained. They stated that when medications are administered, they should be signed off on the MAR immediately. During an interview on 11/15/23 at 10:14 AM and again at 3:10 PM, the current DON stated that the expectation is that medications are to be signed off as soon as they are administered. The DON stated that the evening in question was before they were hired as the (current) DON and that the assigned nurse in this incident no longer works for this facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335576	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/30/2023
NAME OF PROVIDER OR SUPPLIER Fairport Baptist Homes		STREET ADDRESS, CITY, STATE, ZIP CODE 4646 Nine Mile Point Road Fairport, NY 14450	

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	LPN #1 (LPN involved in above incidents) did not return phone calls for an attempted interview. NYCRR 415.11(c)(3)(i)