STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335589	A. Building B. Wing	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Grand Rehabilitation and Nursing at Rome	801 North James Street Rome, NY 13440

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 0627 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. (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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0627 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the abbreviated survey (Complaint ID# 2613592), the facility failed to provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfers or discharges from the facility for one (1) of three (3) residents (Resident #2). Specifically, Resident #2 was discharged on 05/19/2025 to the Department of Social Services via family transportation without consulting the Department of Social Services to ensure the plan met the resident's health and safety needs, and preferences. The resident had no identification, and no supportive services in place, and was discharged without proper education and supplies to manage their diabetes and diabetic wounds. This resulted in the likelihood of serious harm, serious injury, serious impairment or death that was Immediate Jeopardy to Resident #2. Findings include:The facility policy Discharge Planning, last reviewed 01/2025, documented the discharge planning program maintained a coordinated program to ensure each resident had a plan of continuing care which met their post-discharge needs. The Discharge Coordinator (Social Worker) was responsible to develop a discharge plan which reflected input from all appropriate disciplines, the resident and the resident's representative. They would initiate all referrals for post discharge care and needs. The attending physician was responsible for overseeing all discharge plans. The facility policy Discharge Medications, last reviewed 01/2024, documented the charge nurse verified the medications were labeled with the current physician orders including instructions for use and reconcile pre-discharge medications with post-discharge medications. The nurse completed the medication disposition record that included: the resident's name, name of the person assisting or administering the medication post-discharge, date of discharge, name of each medication, the prescription number for the medication, the quantity of each medication, the strength of the medication, any special instructions, telephone numbers for the physician, pharmacy and the facility, and the signatures of both the person receiving the medication and the nurse releasing the medication. Resident #2 had diagnoses including diabetes with hyperglycemia (high blood sugar) and diabetic neuropathy (nerve damage). The 04/13/2025 Minimum Data Set (a resident assessment tool) documented the resident was cognitively intact, was moderately depressed, had no behavioral symptoms, required supervision to touching assistance for most activities of daily living, had diabetic foot ulcers, and received insulin injections. The Comprehensive Care Plan documented: -10/17/2024 the resident's placement was short-term, the resident was currently homeless, and discharge was uncertain. The resident's family was working on finding an apartment. Interventions included to assist the resident with applications with community resources, assist with obtaining durable medical equipment and medical supplies prior to discharge, educate the resident and the family about community resources, make appropriate referrals as needed, obtain a discharge order and prescriptions as needed, and provide the resident or representative teaching as needed for medications, diet, wound care, or adaptive equipment. -10/18/2024 the resident had peripheral vascular disease (poor circulation) related to diabetes, injuries to their extremities including multiple toe amputations and peripheral artery disease. Interventions included to monitor blood pressure and vital signs, and report results not within normal limits to the medical provider, monitor laboratory values and report abnormal values to the medical provider, and provide a therapeutic diet and supplements as ordered. The Discharge Medication listing documented two (2) different frequencies for wound care to the resident's wounds. This included:- A 05/12/2025 order to cleanse left third toe wound with wound cleanser and pat dry, apply collagen powder to wound bed, cover with an abdominal pad (absorbent pad) and secure with kerlix (gauze bandage roll) every Monday, Wednesday, and Friday. - A 05/19/2025 order to cleanse left third toe wound with wound cleanser and pat dry, apply collagen powder to wound bed, cover with an abdominal pad (absorbent pad) and secure with kerlix (gauze bandage roll) every Monday and Thursday.- A 05/12/2025 order to cleanse the right plantar medial distal foot with wound cleanser and pat dry, apply collagen powder to wound bed, cover with an abdominal pad (absorbent pad) and secure with kerlix (gauze bandage roll) every Monday, Wednesday, and Friday.- A 05/19/2025 order to cleanse the right plantar medial distal foot with wound cleanser and pat dry, apply collagen powder to wound bed, cover with an abdominal pad (absorbent pad) and secure with kerlix (gauze bandage roll) every Monday, Wednesday, and Friday. The 05/15/2025 physician's order documented to inject 38 units of insulin glargine-yfgn (brand name Semglee) subcutaneous solution 100 unit/milliliters subcutaneously at bedtime for diabetes. The 05/14/2025 Social Worker #4 note documented the resident's sibling called and stated they would be arriving