

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge.</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00358322) surveys conducted 5/27/2025-6/5/2025, the facility did not allow one (1) of three (3) residents (Resident #185) to return to the facility to their previous room or immediately upon the first availability of a bed. Specifically, Resident #185 was not accepted back to the facility in a timely manner once cleared by the hospital for discharge</p> <p>Findings included:</p> <p>The facility policy Bed Reservation (Bed Hold), dated 5/29/2019, documented if a resident left the facility due to hospitalization, the facility was not obligated to hold the bed until the resident's return unless prior arrangements had been made for a bed hold. In the absence of a bed hold, the resident may be placed in any appropriate semi-private bed at the facility at the time of return from the hospital, provided a bed was available.</p> <p>The facility policy Discharging of the Resident, revised 1/2025, documented discharge planning involved the interdisciplinary team working with the resident. The facility must permit the resident to remain in the facility, and not discharge the resident unless, the health and safety of the resident was endangered. The medical record must support the basis for discharge such as indicating what needs could not be met. Residents who were sent to an emergent acute care setting, such as a hospital, must be permitted to return to the facility.</p> <p>Resident #185 had diagnoses including bipolar disorder, schizoaffective disorder, and intermittent explosive disorder (mental health disorders). The 10/6/2024 admission Minimum Data Set assessment documented the resident had modified independence with daily decision making; depressive symptoms; physical behaviors directed towards others; verbal behaviors directed towards others; other behavioral symptoms not directed towards others; wandered; was independent or required set-up assistance with all activities of daily living; received an antipsychotic and antianxiety medication; and wore a wander detection device.</p> <p>The 9/11/2024 Pre-admission Screening and Resident Review documented the resident had a serious mental illness and was recommended for a Level II evaluation.</p> <p>The 9/20/2024 Pre-admission Screening and Resident Review Level II recommendations/skilled services documented the resident had needs of daily nursing support, medication administration assistance, therapy for strengthening, and a nursing facility appeared to be the best choice of placement in the least restrictive setting.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 9/26/2024 pre-admission hospital psychiatry note documented the resident had a history of incarceration, polysubstance use disorder, schizoaffective disorder, homelessness, seizure disorder, and neurocognitive impairment. The resident was seen for psychotropic medication management and behavioral control. The resident had conflicting emotions about acceptance to a nursing home and anxiety about their unknown future. The resident demonstrated chronic impulsivity and poor frustration tolerance. The resident had been redirectable. There were no contraindications for discharge to the next accepting facility. There was no indication for psychiatric admission at that point.</p> <p>Progress notes documented the following:</p> <ul style="list-style-type: none"> - on 10/7/2024 at 5:31 AM by Licensed Practical Nurse #36 the resident was placed on high risk for elopement. - on 10/8/2024 at 1:31 PM by Licensed Practical Nurse #37 the resident was yelling at staff they wanted to go outside and became verbally abusive. Staff attempted to and were unable to redirect. - on 10/9/2024 at 9:14 AM by Licensed Practical Nurse #37 the resident was yelling and became verbally abusive to staff. Staff were unable to redirect the resident. - on 10/10/2024 at 8:15 AM by Licensed Practical Nurse #36 the resident was at the nursing station, became upset as they wanted a cup of iced coffee, could not get one, and threw a cup of ice water at the nurse. - on 10/10/2024 at 2:36 PM by Licensed Practical Nurse #37 the resident was screaming and swearing at other residents. When attempting to redirect the resident, the resident pushed staff. The resident walked down the hall screaming they were going to hurt someone and hit them with a soda can. The social worker was made aware and went to speak with the resident. - on 10/10/2024 at 3:00 PM by Social Worker #38 the resident was expressing distress in the unit hallway and agreed to meet with the social worker in their office. The resident expressed frustrations and a desire to return home. <p>The 10/10/2024 facility Transfer/Discharge Notice documented the resident was sent to the hospital for aggressive behavior and assaulting staff. The notice documented the facility was not able to meet the resident's needs.</p> <p>The 10/10/2024 hospital emergency room report documented the resident was admitted to the emergency room due to the resident being aggressive and throwing a cup of coffee at facility staff. The emergency room staff reported the resident did not want to go to the hospital, was frustrated, and stated the facility did not take care of their needs. Upon assessment, the resident was not in acute distress. The resident was alert and oriented to person, place, and time. The emergency room physician documented they spoke with facility staff (unidentified) and the facility told them the resident could not come back until they were evaluated by the hospital psychiatric team.</p> <p>The 10/14/2024 at 4:55 PM hospital Psychiatrist #39 progress note documented the resident was upset, frustrated, and anxious. The resident asked to be returned to the facility and had no unsafe behaviors. The resident did not appear manic or psychotic. There were no safety concerns. The resident was stable for discharge from the hospital. The hospital had tried to optimize medications.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 10/15/2024 at 3:45 PM Hospital Case Manager #40 progress note documented the facility's hospital liaison told them the Medical Director would not take the resident back unless a psychiatric admission was done.</p> <p>The 10/17/2024 at 11:55 AM Hospital Case Manager #40 progress note documented they spoke with the facility's hospital liaison who told them the facility Medical Director would not accept the resident back without a psychiatric admission. The psychiatric provider was to contact the Medical Director at the facility to discuss the situation.</p> <p>The 10/17/2024 at 11:55 AM Hospital Case Manager #40 progress note documented they were trying to get the resident discharged back to the facility and the resident wanted to return there. The resident was willing to be discharged to other facilities in the area if the facility did not want to take them back. The hospital liaison told the case worker that they were unaware of the provider calling the facility's Medical Director.</p> <p>The 10/17/2024 at 3:46 PM hospital psychiatrist #39 progress note documented the resident was anxious, was redirectable, and had no aggressive behaviors since 10/12/2024. The resident did not meet the criteria for psychiatric admission. The agitation appeared to be caused by medication induced delirium. The resident was cleared for discharge from a psychiatric standpoint and was appropriate for long term placement.</p> <p>The 10/18/2024 at 1:09 PM Hospital Caseworker #41 progress note documented multiple messages were left for the facility's Administrator to call the hospital back. The case manager spoke with the facility's Director of Admissions who told them the Administrator no longer needed to talk to the provider and the facility would accept the resident back if a private room was available which could be the following week. The case worker suggested another sister facility and the Director stated they would reach out and see if a private room was available in a sister facility.</p> <p>The 10/21/2024 at 4:26 PM Hospital Case Manager #40 progress note documented they spoke with the facility's Administrator who told them there were no private rooms available yet for the resident.</p> <p>The 10/23/2024 at 2:38 PM Hospital Case Manager #40 progress note documented they spoke with the facility's hospital liaison who told them there were no private rooms available yet for the resident.</p> <p>The 10/24/2024 at 1:28 PM Hospital Caseworker #41 progress note documented they called the New York State Department of Health hotline phone number and spoke with them regarding the facility unwilling to take the resident back.</p> <p>The 10/25/2024 at 4:01 PM Hospital Case Manager #40 progress note documented was discharged back to the facility.</p> <p>The 10/25/2024 hospital discharge summary documented the resident's discharge diagnoses were hypertensive urgency, acute kidney injury, hyperammonemia, acute psychosis, obesity and agitation. The resident was sent to the local hospital for aggressive behaviors and was seen by psychiatry. The resident was being discharged .</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 10/25/2024 at 4:30 PM Registered Nurse #42 admission note documented the resident was sent to the hospital for behaviors and aggression. The resident was picked up from the hospital by the Administrator. The resident was currently aggressive/combative/resisting care/refusing care and had the potential for violence.</p> <p>The 10/29/2024 at 12:40 PM, Medical Director progress note documented the resident was seen per nursing request for behavioral issues. The resident was recently admitted and discharged from the hospital. The resident was consulted with the hospital inpatient psychiatric. A psychiatric consult was required for the resident's underlying aggressive behaviors.</p> <p>During an interview and observation on 5/27/2025 at 2:34 PM, Resident #185 stated they were upset. Unit staff attempted to calm the resident as the resident stated they did not want to be at the facility and began crying. Staff offered snacks as redirection and the resident accepted.</p> <p>On 5/29/2025 at 9:45 AM, Resident #185 was ambulating down the hallway of the main activities room on the second floor and headed towards elevator. The resident was pleasant with a stoic face while greeting all persons passing in the hallway.</p> <p>On 5/29/2025 at 12:37 PM, Resident #185 was sitting in the unit dining room with their head down on their hands on the table. There were other residents in the room watching TV. The resident did not exhibit any behaviors.</p> <p>During an interview on 5/27/2025 at 2:47 PM, Hospital Caseworker #41 stated the facility would not take the resident back when the hospital determined the resident was ready for discharge back to the facility. The resident would not be taken back due to behaviors and the facility filled the resident's bed when they were sent to the hospital. The caseworker stated no other facility would accept the resident due to behaviors, the hospital stabilized the resident, and the hospital physician gave the resident discharge clearance on 10/16/2024.</p> <p>During a telephone interview on 6/3/2025 at 10:25 AM, Registered Nurse #42 (no longer employed by facility) stated the admissions team made the decisions to accept residents back to the facility. Residents were allowed back if a bed was available. The resident had a history of throwing things at staff and being inappropriate with other residents. The nurse thought the resident was not a danger to self or others. The resident was sent to the hospital in 10/2024. The hospital told the facility the resident was only under observation.</p> <p>During an interview on 6/3/2025 at 2:55 PM, the Administrator stated once a resident was admitted to the hospital, the regular discharge process would be done. The resident was very behavioral during their initial stay, and those behaviors caused the facility to send them to the hospital. The behaviors were uncontrollable, and the facility felt they could not manage the behaviors. The facility did not want to take the resident back until the hospital admitted the resident for a psychiatric stay and stabilization. The hospital kept telling the facility they performed a psychiatric evaluation, and the resident did not meet the criteria for a psychiatric admission. The facility refused to accept the resident back to the facility without a psychiatric evaluation being done until they received a call from the New York State Department of Health telling them to take the resident back. The facility did not agree with the hospital determination.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0627</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 6/4/25 at 11:01 AM, the Director of Social Services stated they were unaware of any concerns regarding the resident's return from the hospital, the resident stated they would like to be transferred to an area they considered home, and referrals had been sent without any acceptance. The resident had psychiatric services while at the facility and continued to do so.</p> <p>During a telephone interview on 6/4/2025 at 11:39 AM, the Director of Admissions stated the facility was usually aware of a resident's history prior to admission. Resident #185 had a previous psychiatric history prior to the first admission. The director did not know the specifics about the 10/2024 hospital admission other than the facility wanted a psychiatric evaluation done and a private bed for the resident when they returned to the facility. The facility took the resident back the day the hospital called and said the resident was ready for discharge. There was no documentation about communication with the facility as the department did not write progress notes. They stated they were not aware of any facility staff saying the resident was not allowed to return from the hospital and should have been made aware by facility staff.</p> <p>During an interview on 6/4/2025 at 2:46 PM, the Director of Nursing stated they were not in communication with the hospital staff but did speak to the Department of Health staff the day the resident returned to the facility. The Department of Health staff told them to take the resident back immediately as the resident was being discharged from the hospital and that was the facility's obligation. Once a resident was admitted to the hospital, the facility did not communicate with them and the hospital liaison did all the hospital communicating. They stated the hospital liaison informed the facility the hospital was waiting for a psychiatric evaluation to be done prior to sending the resident back. They stated they never said the facility would not take the resident back. If a resident was gone from the facility past midnight, they were automatically discharged from the facility system. Staff should have written a progress note as to why the resident was sent to the hospital and about any hospital communication. The facility was obligated to admit a resident back once sent to the hospital unless the resident did not want to return.</p> <p>During an interview on 6/5/2025 at 2:04 PM, the Administrator stated the Admissions department, and the Hospital Liaison had no formal documents or progress notes regarding hospital communication. The Administrator made the decision the resident needed a private room upon readmission due to agitation and behaviors, and felt it was the most beneficial setting. There were no private rooms available at the time the hospital called and said the resident was ready for discharge. It took about a day to open a private room for the resident. They did not do so prior to the call from the Department of Health as it was taking time to match up resident that could move from a private to semiprivate room.</p> <p>10 NYCRR 415.3(h)(4)(iii)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review during the recertification and abbreviated surveys (NY00352395) conducted 5/27/2025-6/5/2025, the facility did not ensure that each resident and/or resident representative participated in the development of the comprehensive care plan for one (1) of one (1) resident (Resident #214) reviewed. Specifically, there was no documented evidence Resident #214 participated in the development of their Comprehensive Care Plan or was invited to attend their initial comprehensive care plan meeting.</p> <p>The facility policy Care Planning-Interdisciplinary Team, revised 1/2025, documented the resident care plan was developed by the Care Planning/Interdisciplinary Team based on the resident's comprehensive assessment and the resident was encouraged to participate in development and revisions.</p> <p>The facility policy Discharging of the Resident, revised 1/2025, documented discharge planning began at admission; was based on the resident's assessment; and goals for care would involve direct communication with the resident.</p> <p>The facility policy Care Plans, Comprehensive Person-Centered, reviewed 1/2025, documented the Interdisciplinary Team in conjunction with the resident would develop and implement a comprehensive, person-centered care plan for each resident and each resident's comprehensive person-centered care plan would be consistent with the resident's rights to participate in the development and implementation of their plan of care; including the right to participate in the planning process and to see the care plan.</p> <p>Resident #214 was admitted with a diagnosis of right femur (leg) fracture. The 5/13/2025 Minimum Data Set assessment documented the resident had moderately impaired cognition; required partial assistance with most activities of daily living; and an active discharge plan was occurring for the resident to return to the community.</p> <p>The Comprehensive Care Plan initiated 5/19/2025, and revised on 5/22/2025, documented the resident's placement was short term. Interventions included facilitate discharge planning with all disciplines via a comprehensive care plan meeting.</p> <p>The 5/12/2025 Occupational Therapist #57's Evaluation and Plan of Treatment documented the resident would like to return home to live with their sons.</p> <p>The 5/15/2025 at 11:14 AM Social Worker #55's progress note documented the resident was cognitively intact and planned to discharge back home where they lived with their two sons.</p> <p>There was no documented evidence of a Comprehensive Care Plan Interdisciplinary Team meeting attendance sheet, a care plan meeting invitation for Resident #214, a 48-hour signed baseline care plan, or any additional progress notes regarding conversations with the resident or their family regarding their plan of care including discharge goals.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/27/2025 at 11:46 AM Resident #214 stated they did not attend a care plan meeting and did not know when they were going home. No one told them anything and they asked staff every day about it. They went to therapy every day and were told they were doing well. They were worried about their two sons who were at home and was anxious to get home.</p> <p>During an interview on 6/2/2025 at 2:50 PM Licensed Practical Nurse Manager #5 stated the Admissions Nurse did the initial care plans and social work scheduled the care plan meetings. All residents, regardless of their cognition, should be invited to care plan meetings. Discharges were discussed on Tuesdays at the Utilization Review meetings. They were not aware of discharge planning meetings being held with residents but anything that was discussed at the Utilization Review meetings should be communicated to the resident and the family.</p> <p>During a follow up interview on 6/3/2025 at 1:09 PM, Licensed Practical Nurse Manager #5 stated they believed Resident #214 just had a care plan meeting last week but after they checked the schedule stated they had not. The resident was discussed during Utilization Review meetings. The social worker should talk to the resident whenever they spoke to their family and regarding anything discussed at the Utilization Review meetings. It was important for residents be involved in care plan meetings because they had the right to know what was going on with their care.</p> <p>During an interview on 6/4/2025 at 10:08 AM Social Worker #55 stated they scheduled the care plan meetings, hand delivered an invite letter to the residents and placed a phone call invite to the family. All residents were invited regardless of cognition and the care plan attendance sheet was signed at the meeting. The discharge planning process started at admission. They always asked the resident what their discharge plan was then discussed that at their care plan meeting. There were on going conversations with the residents regarding their discharge that would be documented in a note. If a resident voiced that they wanted to go home and was alert and oriented, they would bring it to the team so they could try to accommodate the resident and make it a safe discharge. Resident #214's discharge plan changed. Initially, the resident said they wanted to go home with their sons, but then the sister called and said the resident was going home with them. They checked with the resident who said they wanted to go with the sister, so they had help. They brought that change to the team and their supervisor. Those conversations were about a week ago but were not documented; they were unsure why they did not document it. They had not yet had a care plan or discharge meeting and did not see an upcoming meeting on the schedule.</p> <p>During an interview on 6/4/2025 at 10:52 AM the Director of Social Work stated their department scheduled the care plans based on the list the Minimum Data Set Coordinator put out. New admission care plan meetings were scheduled within a couple weeks of admission. They did not think Resident #214 had a meeting yet and did not see them on the schedule. They always told their social workers to document everything, including conversations with residents, because if they did not, it did not happen.</p> <p>During an interview on 6/4/2025 at 11:34 AM the Minimum Data Set Coordinator stated new admissions had to have a care plan meeting within 21 days or less from their admission date. When a new admission came in, they entered a care plan review date in the system for 21 days later. Social Work then sent out the schedule based on those dates. Resident #214 was admitted on [DATE]. Their care plan meeting should have been on or before 5/28/2025. They did not enter this date so unfortunately it did not get done. Care plan meetings should be timely so the Interdisciplinary Team could meet with the resident and the family so they knew what the plan was, could interact with their care, understand their care, and have some input regarding their discharge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 NYCRR 415.11(c)(2)(iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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>Based on observations, record review, and interviews during the recertification and abbreviated (NY00370441) surveys conducted 5/27/2025-6/5/2025, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain grooming and personal hygiene for one (1) of six (6) residents (Resident #123) reviewed. Specifically, Resident #123 was not assisted with washing their hair or genital care as planned.</p> <p>Findings include:</p> <p>The facility policy Resident Care with Activities of Daily Living, last reviewed 1/2025, documented the facility was to accurately assist with residents' needs to support basic activities of daily living function. The supervisor was to be notified if the resident refused care and to report other information in accordance with facility policy and professional standards of practice.</p> <p>Resident #123 had diagnoses including urinary tract infection and neuromuscular dysfunction of the bladder (impairment of nerves and muscles that control the bladder). The 4/26/2025 Minimum Data Set assessment documented the resident was cognitively intact, had an indwelling catheter (a tube that removes urine from the bladder), required substantial/maximal assistance with showering/bathing, toileting hygiene and lower body dressing, and did not reject care.</p> <p>The Comprehensive Care Plan initiated 10/4/2023, and revised 4/23/2025, documented the resident required assistance with self-care and mobility related to a urinary tract infection. Interventions included substantial/maximal assistance for bathing/showering, partial/moderate assistance for personal hygiene, and morning and night care/bathing.</p> <p>The 12/26/2024 Urology consult progress note documented to cleanse the genital area twice a day with soap and water, pat the area dry, and return the foreskin (loose fold of skin on the penis) to the correct position.</p> <p>The 1/20/2025-4/22/2025 physician order documented to cleanse the foreskin twice a day with soap and water and pat dry.</p> <p>The 1/28/2025 Urology consult progress note documented to cleanse the genital area daily and return the foreskin to the correct position.</p> <p>The February 2025 Treatment Administration Record documented cleanse the foreskin twice a day with soap and water and pat dry. The treatment was documented as not completed:</p> <ul style="list-style-type: none"> - on 2/3/2025 at 8:00 PM. - on 2/7/2025-2/9/2025 at 8:00 PM. <p>The March 2025 Treatment Administration Record documented cleanse the foreskin twice a day with soap and water and pat dry. The treatment was documented as not completed:</p> <ul style="list-style-type: none"> - on 3/5/2025 at 8:00 AM. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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>The April 2025 Treatment Administration Record documented cleanse the foreskin twice a day with soap and water and pat dry, with a discontinue date of 4/22/2025. The treatment was documented as not completed:</p> <ul style="list-style-type: none"> - on 4/13/2025-4/21/2025 at 8:00 AM. - on 4/6/2025 at 8:00 PM. - on 4/9/2025-4/10/2025 at 8:00 PM. - on 4/13/2025-4/21/2025 at 8:00 PM. <p>The resident Kardex (care instructions) active as of 5/29/2025 documented AM/PM care/bathing; substantial/maximal assistance with shower/bathing; and shower/bath on Monday and Thursday.</p> <p>The following observations were made of Resident #123:</p> <ul style="list-style-type: none"> - on 5/27/2025 at 12:29 PM, seated in their wheelchair wearing a hospital gown, their long hair was greasy and looked wet with comb lines through it. There were white flakes near the scalp. - on 5/27/2025 at 1:27 PM, lying in bed, their long hair was greasy and looked wet. They stated they had not been cleaned up for the day, they did not recall their last shower or their shower day, and they usually were cleaned up while they were in bed. - on 5/28/2025 at 9:22 AM, lying in bed, their long hair was greasy and looked wet with comb lines through it. - on 5/29/2025 at 9:44 AM, lying in bed wearing a hospital gown, their long hair was greasy and looked wet with comb lines through it. There were white flakes near the scalp. The resident stated they had not yet been cleaned up for the day. - on 5/30/2025 at 8:42 AM, lying in bed wearing a hospital gown, their long hair was greasy, looked wet, and had comb lines through it. <p>The certified nurse aide flow sheet documented the resident received substantial/maximal assistance with shower/bathing:</p> <ul style="list-style-type: none"> - on 5/27/2025 at 2:46 AM and 1:59 PM. - on 5/28/2025 at 2:42 AM, 1:59 PM, and 7:42 PM. - on 5/29/2025 at 5:15 AM. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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>During an observation and interview on 5/30/2025 at 10:07 AM, Certified Nurse Aide #60 was completing morning care on Resident #123. The resident had white build up on their penis when the foreskin was pulled back. The suprapubic urinary catheter (inserted into the bladder to drain urine) had brown build up around the insertion site. The resident's hair was long and greasy and appeared wet. Certified Nurse Aide #60 stated Resident #123's hair looked like it had not been washed in 3-4 days and had an odor when they washed it. The certified nurse aide stated the resident's genital area looked like it had not been cleaned in days and had a lot of white buildup. Residents were supposed to be washed twice a day, so their skin was kept clean and to prevent skin breakdown.</p> <p>During an interview on 6/2/2025 at 11:33 AM, Licensed Practical Nurse #52 stated the certified nurse aides completed morning care which included getting the resident up, mouth care, and washing the resident. If Resident #123's genitals were not cleaned routinely it put them at risk for urinary tract infections and skin irritation. The resident's hair should be washed to prevent scalp irritation even if they did not receive a shower. If a resident refused care they should be notified. They stated Resident #123 never refused care.</p> <p>During an interview on 6/2/2025 at 11:46 AM, Registered Nurse Unit Manger #53 stated a bed bath consisted of washing the residents face, underarms, and their bottom part which included their penis. The certified nurse aides should document the care in the kiosk and if the resident refused care, they should document the refusal and notify the nurse. When completing care on Resident #123 it was important to wash all areas including their penis to prevent infection.</p> <p>10NYCRR 415.12(a)(3)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observations, record review, and interviews during the recertification and abbreviated (NY00372942) surveys conducted 5/27/2025-6/6/2025, the facility did not ensure residents received respiratory care consistent with professional standards of practice for one (1) of one (1) resident (Resident #57) reviewed. Specifically, Resident #57 did not receive bilevel positive airway pressure (BiPAP/a device to assist with breathing) as ordered.</p> <p>Findings include:</p> <p>The facility policy Continuous Positive Airway Pressure /Bilevel Positive Airway Pressure, last reviewed 1/2025, documented, Continuous Positive Airway Pressure /Bilevel Positive Airway Pressure, was provided for support of spontaneous breathing for residents with continuous positive airway pressure with or without supplemental oxygen.</p> <p>Resident #57 had diagnoses including chronic respiratory failure, obstructive sleep apnea (stops breathing while sleeping), obstructive pulmonary disease (restricted airway). The 4/16/2025 Minimum Data Set assessment documented the resident had intact cognition, was dependent for most activities of daily living, and received bilevel positive airway pressure and oxygen therapy.</p> <p>Physician orders documented:</p> <ul style="list-style-type: none"> - on 11/18/2024 bilevel positive airway pressure device at bedtime for chronic obstructive pulmonary disease and sleep apnea. - on 2/25/2025 check functioning of bilevel positive airway pressure every evening and night shift. - on 2/26/2025 continuous 3 Liters of oxygen via nasal canula. <p>The Comprehensive Care Plan revised 2/25/2025 documented the resident had an altered respiratory system related to chronic obstructive pulmonary disease and sleep apnea. Interventions included continuous bilevel positive airway pressure therapy at bedtime.</p> <p>The 2/2025 Treatment Administration Record documented from 2/15/2025 - 2/27/2025, the bilevel positive airway pressure with 3 Liters oxygen every evening was not administered and was documented as broken.</p> <p>The 2/19/2025 progress note by Nurse Practitioner #17 documented there had been a change in the resident's condition including lethargy(sleepiness), slowness to respond, dyspnea (shortness of breath), bradycardia (slow heart rate) and hypoxia (low oxygen saturation level). The Nurse Practitioner documented they were informed the resident had not used their bilevel positive airway pressure device in recent days as it was broken. They ordered a transfer to the hospital for evaluation of the resident's altered mental status and hypoxia. The resident's symptoms were consistent with hypercapnic respiratory failure (lung failure from unsafe levels of carbon dioxide).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 2/19/2025 hospital admission summary documented Resident #57 had a history of chronic obstructive pulmonary disease, chronic hypoxia, and hypercapnic respiratory failure, sleep apnea with nocturnal bilevel positive airway pressure device use. The resident presented to the emergency department for an evaluation of worsening shortness of breath, cough and had not used bilevel positive airway pressure device in three days as it was broken. The resident was found to have chronic obstructive pulmonary disease with acute exacerbation, sepsis due to a urinary tract infection and lower respiratory tract infection.</p> <p>During observation and interview on 5/29/2025 at 1:56 PM, Resident #57 was lying in their bed in the with oxygen in place. The bilevel positive airway pressure device was observed on the bedside table. The resident described how the machine had fallen off the table and cracked this past winter and stated they had been without it for over a week. Resident #57 explained they had been hospitalized due to too much carbon dioxide in their blood.</p> <p>During an interview on 6/02/2025 at 10:44 AM Respiratory Therapist #16 stated they recalled a time in February when Resident #57 bilevel positive airway pressure device was broken. The resident was hospitalized with chronic obstructive pulmonary disease. They stated the resident was retaining carbon dioxide which is why the bilevel positive airway pressure device was important as the carbon dioxide was reduced by using the bilevel positive airway pressure device.</p> <p>During an interview on 6/03/2025 at 12:42 PM Employee #12 from the purchasing department stated on 2/20/2025 the vender had delivered a replacement positive airway pressure device for Resident #57 however it was not the correct device, and it was returned. The correct bilevel positive airway pressure device was delivered on 2/27/2025.</p> <p>During an interview on 6/03/2025 at 2:00 PM the Director of Nursing stated nursing staff were expected to promptly report any broken breathing equipment to the purchasing department for replacement. They found out about the broken bilevel positive airway pressure device on 2/20/2025. The Director of Nursing stated there had not been a plan in place in the absence of the bilevel positive airway pressure device. The physician responsible for Resident #57 was not made aware of the broken bilevel positive airway pressure device until 2/19/2025 according to the chart, and the physician should have been notified when it broke. It was important to maintain breathing equipment for residents because not doing so could result in negative outcomes including respiratory failure.</p> <p>During a telephone interview on 6/04/25 at 11:33 AM Respiratory Therapy Director #14 stated respiratory equipment issues should be reported to them so they could assess the situation and make recommendations while the resident was without the device. They had not been made aware of any issues related to resident #57s bilevel positive airway pressure device not functioning on 2/15/2025. A resident with an order for bilevel positive airway pressure device should not go one day without it.</p> <p>During a telephone interview on 6/04/2025 at 11:40 AM Licensed Practical Nurse #15 stated they had received report from a nurse from the prior shift of whom they could not recall, that stated the residents bilevel positive airway pressure device was broken. Licensed Practical Nurse did not apply the bilevel positive airway pressure device and documented in the comment section of the Treatment Administration Record that it was broken. A provider had not been notified of the broken device and they should have been.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 6/05/2025 at 10:20 AM Physician #29 stated they had not been made aware that between the dates of 2/15/2025 and 2/27/2025 resident #57s bilevel positive airway pressure device was broken. Physician #29 stated they would have requested the help of respiratory therapy who would have been able to work on a solution if they had they been notified. They noted they would have increased the monitoring of the resident with knowledge of the situation. Interruptions in care should have been brought to the attention of the medical team and all other proper disciplines able to help resolve the situation and avoid interruption of care. A resident not having their bilevel positive airway pressure device could certainly result in hypoxia and carbon dioxide retention and most likely was a contribution factor in their decline.</p> <p>10 NYCRR 415.12(k)(6)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations and interviews during the recertification survey conducted 5/27/2025-6/6/2025, the facility did not ensure residents were provided food and drink that was palatable, flavorful, and at an appetizing temperature for two (2) of (2) two meals reviewed (Lunch meals on 6/3/2025 and 6/4/2025). Specifically, food was not served at palatable and appetizing temperatures during the lunch meal on 6/3/2025 and 6/4/2025. Additionally, six residents (Resident #64, #103, #138, #152, #161, and #173) stated the food did not taste good and was cold.</p> <p>Findings include:</p> <p>Resident interviews included the following:</p> <ul style="list-style-type: none"> - on 5/27/2025 at 10:59 AM Resident #103 stated the food was not good. - on 5/27/2025 at 11:44 AM, Resident #161 stated the food was not good and was warm. - on 5/27/2025 at 12:11 PM, Resident #173 stated the food was normally cold. - on 5/27/2025 at 12:17 PM, Resident #138 stated the food was not good and sometimes it was half cooked and sometimes it was raw. - on 5/27/2025 at 12:32 PM, Resident #152 stated they did not like the food except for the pudding. - on 5/28/2025 at 9:45 AM Resident #64 stated they did not receive the food they requested, and the food was never warm. They stated the dinner the prior evening was under cooked rice and hard shells. They stated their family member helped supply them with food for their room because they disliked the food. <p>During an observation on 6/3/2025 at 1:45 PM, Resident #175's meal was tested in the presence of Licensed Practical Nurse #50. A replacement meal was ordered for the resident. Food temperatures and tastes were as follows:</p> <ul style="list-style-type: none"> - Diced pears were 62 degrees Fahrenheit and tasted bland - Cranberry Juice was 55 degrees Fahrenheit - Apple Juice was 59 degrees Fahrenheit - Water was 63 degrees Fahrenheit - Cheeseburger was 120 degrees Fahrenheit, was lukewarm and tasted bland. - Mixed vegetables were 114 degrees Fahrenheit, were lukewarm and tasted bland. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an observation on 6/4/25 2:02 PM Certified Nurse Assistant #65 removed a tray from the meal cart stating a resident had refused their tray and it was available as a test tray. Food temperatures and tastes were as follows:</p> <ul style="list-style-type: none"> - Zucchini and spaghetti/chicken cacciatore were bland tasting and warm - Fortified mashed potatoes were 125 degrees Fahrenheit - Zucchini was 130 degrees Fahrenheit - Spaghetti with chicken cacciatore in a red sauce was 132.9 degrees Fahrenheit. <p>During an interview on 6/4/2025 at 2:09 PM Certified Nurse Assistant #65 stated when the meal cart arrived on the unit, they passed meal trays. When a resident complained of their food being cold, they heated it in the microwave for about one minute. They stated they were unsure what temperature hot foods and cold foods should be served.</p> <p>During an interview on 6/4/2025 at 2:12 PM Licensed Practical Nurse #49 stated the meal trays arrived on the enclosed carts and the food was transported on covered hot plates. Once they removed the food from the hotplate they served the resident. They stated if a resident complained about the food temperature, they reheated it in the microwave.</p> <p>During an interview on 6/5/2025 at 10:23 AM the Food Service Director stated test trays were completed by the dietary supervisors. During that process they removed a tray from the tray line to assure all item were present. They checked the temperature of the tray and made sure the food had the appropriate consistency, look appealing and tasted flavorful. They stated it was expected the food was appealing and enjoyable.</p> <p>They stated hot foods should be served between 176 and 180 degrees Fahrenheit and cold foods should be at 40 degrees Fahrenheit or lower. The Food Service Director stated the temperatures taken during the two test trays was unacceptable. They stated plate warmers were utilized under the plates during transit, and they checked the temperature of the food on the tray line to ensure it was hot enough to be served. Once the cart was full, they immediately delivered the cart to the unit. They had no control of the speed at which the staff served the food once it reached the unit.</p> <p>10NYCRR 415.14(d)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record review during the recertification survey conducted 5/27/2025 - 6/05/2025, the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety in the main kitchen. Specifically, following a wastewater back up from the grease trap and drains flooding the main kitchen on 5/27/2025, the facility failed to adequately address wastewater cleanup including monitoring, evaluating, and sanitizing as necessary, cooking equipment and appliances in the main kitchen. Additionally, there was no detectable level of sanitizer in the 3-bay sink and dishwasher to adequately sanitize dishware. This resulted in Immediate Jeopardy to resident health and safety for all 215 residents of the facility.</p> <p>Findings include:</p> <p>The facility policy Food Receiving and Storage, last reviewed 1/2025, documented the facility would maintain clean food storage areas at all times.</p> <p>The undated facility policy Sanitization, documented the food service area should be maintained in a clean and sanitary manner; all kitchens, kitchen areas, and dining areas should be kept clean, free from litter and rubbish; all equipment should be maintained in good repair; sanitizing of environmental surfaces must be performed with one of the following solutions: 50-100 parts per million chlorine solution, 150-200 parts per million quaternary ammonium compound, or 12.5 parts per million iodine solution; manual washing and sanitizing would employ a three step process for washing, rinsing, and sanitizing: sanitize with hot water or chemical sanitizing solution that consisted of chlorine 50 parts per million for 10 seconds, iodine 12.5 parts per million for 30 seconds, or quaternary ammonium compound 150-200 parts per million for time designated by the manufacturer. The policy's dishwasher specifications did not match those found on the facility dish machine.</p> <p>The undated facility policy Cleaning Dishes/Dish Machine, documented dishes and cookware were washed and sanitized after each meal and the dish machine gauges would be checked throughout the wash cycle to assure proper temperatures.</p> <p>Wastewater back up:</p> <p>During an observation and interview on 5/27/2025 at 10:43 AM, scattered areas of water were on the floor in the food preparation area of the main kitchen. The 3-bay sink area had a large amount of standing murky water. Staff were standing in the water while washing items in the sinks. The dish machine area had a large amount of water and food debris on the floor. Staff were trying to remove the standing wastewater into drains using a tool with a flat, smooth rubber blade (a squeegee). [NAME] #4 stated when the sinks drained, they would get backed up causing the water to come back out. They stated that did not happen often and there was a company out in the parking lot that was coming in to suck out the drain.</p> <p>Facility work orders documented the following:</p> <p>- On 3/21/2025 at 3:13 PM, the facility dish machine was clogged and not draining properly; this was closed out on 3/21/2025 at 5:53 PM</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>- On 3/28/2025 at 10:49 AM, the 3-bay sink water not staying in when drains were closed; this was closed out on 5/28/2025 at 2:13 PM with the comment the vendor cleaned out the drains and grease trap.</p> <p>- On 4/25/2025 at 4:41 PM, sinks are backing up and flooding the floors; this was closed out on 5/28/2025 at 2:13 PM with the comment the vendor cleaned out the drains and grease trap.</p> <p>- On 5/20/2025 at 2:36 PM, the drain in the dish room was clogged. Additional notes included the drain was snaked and was only able to reduce the level of water in the 6-inch drain by almost a foot. The snake would have to be done again the next day and may need to be addressed by a professional plumber. This was closed out on 5/20/2025 at 6:40 PM.</p> <p>- On 5/26/2025 the grease trap and drain by the dish machine was backing up; this was closed out on 5/27/2025 at 11:42 AM with the comment the supervisor had been notified to contact an outside plumbing vendor.</p> <p>A 5/27/2025 septic and sewer vendor invoice documented the grease trap line was jetted and pumped; the tank was over full and had not been pumped in over a year. The vendor recommended pumping every two (2) months.</p> <p>The following observations were made in the main kitchen on 5/28/2025:</p> <p>- at 9:18 AM, a puddle of gray water was under the shelving of the middle walk-in cooler and floors were stained with dried food, debris and spills.</p> <p>- at 9:27 AM, puddles of wastewater were under the 3-bay sink with a floor fan blower unit left from drying the floors on 5/27/2025.</p> <p>- at 9:30AM, the cover to the grease trap located by the 3-bay sink was rusted and chipped.</p> <p>-at 11:58 AM, the fan by the side exit was blowing across the floor towards the cookline and walk-in coolers. Standing water in front of the 3-bay sink was visibly tracked into the walk-in coolers as staff wheeled carts in and out. The floor was wet from the 3-bay sink to the back exit, the walk-in coolers, the cookline, and through to the dish area.</p> <p>During an interview on 5/28/2025 at 11:45 AM, Dietary Aide #7 stated when they came in that morning at 7:00 AM, there was water backed up in the kitchen. The pipe was clogged under the 3-bay sink, which was on the same drain line as the dish machine. The water was backing up out of the drain under the dish machine and around the 3-bay sink from the black plate (rusty lid of the grease trap). They stated the water that had backed-up from the drains was not clean water, it contained all the liquids that drained from the dish machine and did not smell clean. There was a very strong odor when they opened the grease trap to clean it out. They stated to clean up the water, floors were mopped, squeegeed and a no rinse floor cleaner was applied. Everyone in the kitchen stepped in the water puddles and they assumed the water was tracked throughout the kitchen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview and observation on 5/28/2025 at 12:01 PM, [NAME] #4 stated they worked on 5/27/2025 and the grease trap was clogged causing water to back up. The water was in the back corner of the kitchen, and they squeegeed it to the drain by the walk-in coolers and out the back door into the parking lot. The water came from the clogged grease trap. The water was not clean; it was gray in color and smelled when the grease trap cover was removed. The vendor came in and suctioned out the grease trap. Breakfast was prepared and served on 5/27/2025 during the wastewater back up and they continued to cook while the wastewater was being cleaned up. They tried to avoid the area to not track wastewater across the kitchen, but some did get tracked across the kitchen including the walk-in coolers, behind the cook line, under and around the prep tables and cooking equipment. They assumed there was some aerosolization (fine spray) of the wastewater as it was suctioned up and nothing was done to prevent it from spreading around the kitchen. After the drain was cleared, the lid was put back on and the floors were hosed down with the no rinse floor cleaner. They stated a good portion of the kitchen was washed and sanitized.</p> <p>A review of the no rinse floor cleaner product label did not document it sanitized or disinfected surfaces. The product's safety data sheet documented the product use was a floor cleaner and did not document it was a sanitizer or disinfectant.</p> <p>During an observation on 5/28/2025 at 12:01 PM, there was a dried pattern present on the parking lot where the liquid from the kitchen had previously flowed. The back exit passageway had dried debris and grease on the floor.</p> <p>During an interview on 5/28/2025 at 12:31 PM, the Director of Nutritional Services stated they worked 5/27/2025 and there was a backup in the grease trap in the kitchen. It started Sunday night, and because Monday was a holiday, the vendor was unable to come out until Tuesday. The trap backed up before and the company recommended the trap be cleaned every two (2) months, but Corporate only allowed it to be done every three (3) months. The backed-up water was not clean and smelled when the grease trap was opened. Staff continued to cook while the wastewater was cleaned up and stepped in the puddles and tracked the water where they walked including the food service and cook line areas, the coolers, and the storage rooms. After the drain was cleared, it was hosed down and squeegeed out the door. They washed and sanitized the floors in the walk-in coolers, under and around the food prep tables and cooking equipment. They stated to prevent the wastewater from being spread around the kitchen they tried to maintain the puddles and squeegee them out the door, but nothing was done to contain the spray.</p> <p>During an interview on 5/28/2025 at 2:41 PM, the Administrator stated they were made aware Monday night (5/26/2025) of the wastewater water backup in the kitchen by the Director of Nutritional Services but was unsure of the exact time. The vendor was called but was not immediately available to respond due to the holiday, and they would come the following morning. The vendor arrived Tuesday (5/27/2025) morning and fixed it. The kitchen was then cleaned per their policy.</p> <p>During an interview on 6/5/2025 at 10:07 AM, the Director of Nutritional Services stated the grease trap was supposed to be clean. The lid should not have been rusted. A vendor came in two (2) months ago and told them that chunks of rust were falling into the grease trap causing it to clog more often and recommended it be cleaned every two (2) months. They stated they overheard the vendor say the grease trap needed to be replaced.</p> <p>Dishwasher:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>The manufacturer's specifications listed on the facility's dish machine Model ADC-66 documented the following operational requirements:</p> <p>Hot water sanitizing:</p> <ul style="list-style-type: none"> - final sanitizing rinse minimum temperature was 180 degrees Fahrenheit. - pumped rinse tank minimum temperature was 160 degrees Fahrenheit. - wash tank minimum temperature was 160 degrees Fahrenheit. <p>Chemical Sanitizing:</p> <ul style="list-style-type: none"> - final rinse minimum temperature was 120 degrees Fahrenheit. - pumped rinse tank minimum temperature was 120 degrees Fahrenheit. - wash tank minimum temperature was 140 degrees Fahrenheit. - sanitizer required: 50 parts per million available chlorine. - to convert from hot water sanitizing to chemical sanitizing, adjustments shall be conducted by the manufacturer or its authorized service agent. <p>The March 2025 High Temperature Conveyor Style Dish Machine Temperature Log documented temperatures were to be taken 3 times a day with each meal served, breakfast, lunch, and dinner. The temperatures were not checked on 3/12/2025, 3/17/2025, and 3/31/2025.</p> <p>The April 2025 High Temperature Conveyor Style Dish Machine Temperature Log documented temperatures were not checked on 4/5/2025 at lunch and dinner, 4/6/2025, 4/20/2025, 4/24/2025, and 4/28/2025.</p> <p>The May 2025 High Temperature Conveyor Style Dish Machine Temperature Log documented the dish machine was broken from 5/16/2025 - 5/21/2025. There were no documented temperatures on 5/26/2025 and 5/28/2025 - 5/31/2025.</p> <p>During an interview on 5/28/2025 at 1:24 PM, Dietary Aide #9 stated the dish machine was supposed to be emptied between meals and the temperature was checked to make sure it was hot enough. They thought the temperature was supposed to be around 170-180 degrees Fahrenheit, and the rinse temperature was lower, but they were not sure and did not normally perform those checks. Temperatures should be documented but they were unsure if it was done today.</p> <p>During an observation on 5/28/2025 at 1:29 PM, the dish machine wash temperature was 142 degrees Fahrenheit, the final rinse gauge did not move and was stuck below 90 degrees Fahrenheit.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an interview on 5/28/2025 at 1:34 PM, the Director of Nutritional Services stated the dish machine was high temperature sanitization, but it was not heating up yesterday and they were told to use the chemical sanitizer. They did not have anything to check the level of sanitizer to know what the level was, and they were not aware of the required level of chemical sanitizer. The vendor who maintained the machine came in monthly, but they had not come in yet this month.</p> <p>During an observation on 5/28/2025 at 1:38 PM, the final rinse water was checked with a chlorine test strip, and it did not detect any chlorine. Confirmation was made the chemical in use was a chlorine-based sanitizer.</p> <p>During an observation on 5/30/2025 at 4:04 PM, the dish machine was not reaching required temperatures.</p> <p>The 5/28/2025 report from the commercial cleaning vendor documented a backup pump was installed for chemical sanitation to be used if the temperature of the dishwasher got below 180 degrees Fahrenheit. They recommended the use of chlorine sanitation if the temperature went below 180 degrees Fahrenheit.</p> <p>3-Bay sink:</p> <p>The May 2025 3-compartment sink (3-bay sink) Log documented testing was performed on 5/29/2025-5/31/2025 and ranged from 200-400 parts per million with a standard of 200-400. No documented testing was performed prior to 5/29/2025.</p> <p>The June 2025 3-compartment sink parts per million log documented testing was performed on 6/1/2025 and 6/2/2025 and ranged from 200-400 parts per million with a standard of 200-400.</p> <p>During an interview on 5/28/2025 at 1:50 PM, Dietary Aide/Dishwasher #6 stated they did not do any sanitizer checks and thought it was regulated by the faucet for the right amounts. They did not know how to check the level of the sanitizer and had never seen it done.</p> <p>During an observation on 5/28/2025 at 1:51 PM, the sanitizer level in the sanitizing bay water of the 3-bay sink was measured with the surveyor's test strips. The strip was dipped for one second and after waiting 5-10 seconds, there was no change in color which indicated sanitizer was not detected. It was confirmed that the bottle attached to the pump was a quaternary sanitizer (type of disinfectant). The sanitizing equipment on the 3-bay sink was not working properly and dishes were not sanitized properly.</p> <p>During an interview on 5/28/2025 at 1:54 PM, the Director of Nutritional Services stated they did not do any sanitizer level checks on the 3-bay sink.</p> <p>During an observation on 5/28/2025 at 6:35 PM, sanitizer level was measured at the 3-bay sink and was over 500 parts per million; the required amount was between 200 and 400 parts per million.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an observation and an interview on 5/30/2025 at 11:32 AM, Dietary Aide #11 dipped a chemical test strip in the sanitizer water of the 3-bay sink. The strip turned a dark green which was darker than the darkest green on the chemical strip container's color chart. The darkest green on the color chart indicated the level detected was 400 parts per million. Dietary Aide #11 stated the results were normal.</p> <p>During an observation on 5/30/2025 at 5:22 PM, Dietary Aide/Dishwasher #6 was setting up the 3-bay sink. They drained the third sink, refilled it by adjusting both the black knob for the sanitizer pump and the faucet for the water. When tested, their test strip and the surveyor's test strip did not register any sanitizer.</p> <p>During an observation on 6/2/2025 at 4:36 PM, Dietary Aide #30 filled the 3-bay sink by turning on the cold water and the sanitizer pump. They stated, the test strip was yellow and not right. They checked the jug, which was visibly not pumping correctly with mostly air bubbling through, but they did not identify the jug was empty. The sanitizer level was tested with a result of 0-150 parts per million on the yellow end of the scale.</p> <p>During an interview on 5/28/2025 at 4:22 PM, the Administrator stated there was no way to know for sure if the dishes and equipment were properly sanitized if the dishwasher and 3-bay sink did not have sanitizer or a way to check the levels of chemical sanitizer. They had fixed the 3-bay sink and planned to wash dishes there until the dish machine was fixed.</p> <p>During an interview on 6/2/2025 at 12:15 PM, Dietary Supervisor #35 stated they used Knoxville (disinfectant) for sanitizer in the 3-bay sink and the levels on the test strips should have been between 200-400 parts per million.</p> <p>The Disinfectant+Sanitizer+Virucide product label documented the product was used as a sanitizer on dishes, glassware, utensils and on food processing equipment at 200-400 parts per million.</p> <p>Clean up:</p> <p>During an observation on 5/28/2025 at 2:40 PM, Dietary Aide #7 was preparing cut watermelon, and an unidentified staff member was preparing cold cuts.</p> <p>During an interview on 5/28/2025 at 6:07 PM, The Director of Nutritional Services stated the cold cuts served were sliced two days ago. When asked when the sanitizer stopped working in the 3-bay sink they stated yesterday there was pink stuff in there but did not know what the level was because they did not test it. They stated that they did not know what level was required to safely sanitize the dishes, nor did they have the means to test the level of sanitizer. They stated the slicer was cleaned and sanitized properly two days ago and was washed in the 3-bay sink. The wastewater began backing up on Sunday 5/25/2025 (three days prior). They stated it was barely backing up, was just bubbling a little and there were only small puddles.</p> <p>During an observation and interview on 5/28/2025 at 6:11 PM, the Administrator stated they were pulling the sandwiches from the food carts. Unidentified staff stated carts were sent to the 6th floor and were told by the Administrator to call the 6th floor, pull the carts back down, and not serve any of the sandwiches.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	
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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>During an observation on 5/28/2025 at 9:07 PM, the walk-in cooler had prepped watermelon, tuna fish, and large amounts of food prepped for service from earlier in the day. Lettuce and whole basil leaves were in the 2-bay sink opened and exposed.</p> <p>During an observation on 5/28/2025 at 9:17 PM, the Director of Nutritional Services voluntarily discarded the items from the walk-in coolers that were prepped in the kitchen over the past three days. At 9:26 PM, content of walk-in coolers was placed in garbage cans and discarded in the dumpsters.</p> <p>During an observation and interview on 5/29/2025 at 9:20 AM, the Director of Maintenance from a sister facility was hosing down racks outside in the back parking lot over a storm drain. They stated they were told to start hosing the racks down in the parking lot and they were unaware they could not be washed outside. They were unaware they were producing wastewater that had to be contained and disposed of properly.</p> <p>During an interview on 5/29/2025 at 9:33 AM, the Administrator and the Corporate Educator were unaware the wastewater could not go into the sanitary sewer in the parking lot.</p> <p>During a follow up interview on 6/5/2025 at 10:32 AM, the Director of Nutritional Services stated it was not okay to squeegee wastewater into the parking lot because it could contaminate the area, people walked through it, it was a high traffic area, and people were going in and out. They should not have dumped the wastewater into the public sewers because it could have polluted the sewers more than they already were.</p> <p>During an interview on 5/28/2025 at 2:41 PM, the Administrator stated the kitchen, silverware, dishes and utensil should have been cleaned with disinfectant daily and per their policy. If there was no sanitizer in the 3-bay sink and/or the dishwasher they were not sanitized properly which could cause bacteria to grow and the residents could get sick. If the food service area was contaminated by wastewater and it was not cleaned/sanitized properly bacteria could grow around the kitchen. If the 3-bay sink and dishwasher did not have sanitizer in them anything that went through them was not cleaned or sanitized properly.</p> <p>During an interview on 5/28/2025 at 2:45 PM, the Director of Nursing stated they were not aware of the wastewater back-up in the kitchen. If the food service production area was contaminated by wastewater the food could be contaminated and if served, the residents could get sick. The kitchen should be cleaned and sanitized with the proper sanitizer before food preparation. They should have been made aware of the issue so they could monitor for any resident illness.</p> <p>During a phone interview on 5/28/2025 at 2:45 PM, the Medical Director stated if residents received unclean plates or food, or there was improper sanitizing of the kitchen it could cause risk of gastroenteritis or infections.</p> <p>During an interview on 5/28/2025 at 2:59 PM, the Infection Control Nurse stated if the kitchen was not properly sanitized, pathogens could get to the residents and cause gastrointestinal issues. Everything should be sanitized, and they expected kitchen supervisors to know the proper means to do so and what the proper temperature and sanitizer ranges were. Food should not be prepared if the sanitization was not done, and they should have been notified so they could consult and educate if needed.</p> <p>NYCRR10 415.14(h)</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335600	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Utica		STREET ADDRESS, CITY, STATE, ZIP CODE 1657 Sunset Ave Utica, NY 13502	

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 0812</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-----</p> <p>An Immediate Jeopardy in F-812 was issued to the Administrator on 5/28/2025 at 6:22 PM. The Immediate Jeopardy was removed on 6/03/2025 at 5:39 PM prior to the completion of the survey.</p> <p>The facility performed the following steps to lift the Immediate Jeopardy:</p> <ul style="list-style-type: none"> - As of 5/28/2025 at 10:22 PM, the facility's immediate plan was reviewed and accepted. - As of 5/30/25 at 10:46 AM the kitchen had been cleared and the facility was able to resume full use of the kitchen except for the dishwasher that had not been corrected. - As of 5/30/2025 at 4:00 PM, 85% of all food service and dietary staff had been educated on kitchen sanitation procedures. - As of 5/31/2025 at 3:45 PM, 100% of all food service and dietary staff had been educated on kitchen sanitation procedures. - Staff education was verified onsite during interviews on 6/2/2025. Multiple food service and dietary staff were interviewed to determine retention of education provided and were able to accurately report content of the education. - As of 6/03/2025 at 9:16 AM, staff was able to successfully demonstrate proper chemical sanitation level of 200-400 parts per million for the 3-bay sink for dishware sanitizing.