

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335601	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER The Center for Nursing and Rehab at Hoosick Falls		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Danforth Street Hoosick Falls, NY 12090	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>21414</p> <p>Based on medical record review and interview during the recertification survey, the facility did not ensure that residents and/or their designated representative were fully informed of their right to an expedited review of a service termination for 1 (Resident #54) of 3 residents reviewed. Specifically, a Notice to Medicare Provider Non-coverage, form CMS-10123 was not issued to Resident #54 prior to the Medicare Part A Service Termination.</p> <p>This is evidenced by:</p> <p>There was no documented evidence that a Notice to Medicare Provider Non-coverage, form CMS-10123 was issued to Resident #54 prior to the Medicare Part A Service Termination.</p> <p>During an interview on 10/08/2024 at 10:21 AM, Social Worker #1 stated they could not find the Notice to Medicare Provider Non-coverage, form CMS-10123 for Resident #54 and issuing this notice could have been overlooked.</p> <p>10 New York Codes, Rules, and Regulations 415.3 (g)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>21414</p> <p>Based on observation, interviews, and record review conducted during the recertification survey, the facility did not provide effective housekeeping and maintenance services on 2 (Unit A and Unit B) of 2 resident units. Specifically, the carpeting throughout Unit A, Unit B, and the lobby was heavily soiled with dirt.</p> <p>This is evidenced by:</p> <p>During an observation from 10/03/2024 through 10/08/2024, the carpeting in the corridors on Unit A, Unit B, and the lobby area was heavily soiled with ground-in dirt.</p> <p>During an interview on 10/04/2024 at 1:35 PM, Environmental Manager #1 stated the carpeting cleaning machine has recently been repaired and that the facility had begun working on cleaning the carpeting.</p> <p>During an interview on 10/04/2024 at 1:41 PM, Administrator #1 stated the facility ownership was planning to replace the carpeting.</p> <p>10 New York Codes, Rules, and Regulations 415.5(h)(4)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33538</p> <p>Based on record review and interview conducted during the recertification survey, the facility did not ensure the development and implementation of comprehensive person-centered care plans that included measurable objectives and time frames to meet the resident's medical, nursing, and mental and psychosocial needs, that were identified in the comprehensive assessment, for 8 (Resident #s 7, 20, 21, 25, 30, 44, 55, and 215) of 19 residents reviewed for comprehensive care plans. Specifically, for (a.) Resident #7 comprehensive care plan was not implemented to provide the resident with a means of communication; (b.) for Resident #20, a comprehensive care plan was not developed for lymphedema, which the resident was receiving treatment for; And (c.) Residents #30 and #215 comprehensive care plan was not developed to be resident centered as to address the specific needs of the residents.</p> <p>This is evidenced by:</p> <p>43805</p> <p>The Policy and Procedure titled, CNR Care Planning - IDT, revised 9/2013 stated the care planning/interdisciplinary team was responsible for the development of an individualized comprehensive care plan for each resident.</p> <p>Resident #7 was admitted to the facility with the diagnoses of Alzheimer's disease, cognitive communication deficit, and unspecified dementia. The Minimum Data Set (an assessment tool) dated 7/06/2024 stated the resident was rarely/never understood, could rarely/never understand others and was severely cognitively impaired.</p> <p>The face sheet demographics documented the resident's preferred language was Japanese.</p> <p>The Comprehensive Care Plan titled, Resident is at risk for altered communication, included the interventions to utilize a translator if needed and utilize communication boards.</p> <p>During an observation on 10/03/2024 at 10:00 AM, no communication boards were observed in the resident's room.</p> <p>During an interview on 10/03/2024 at 12:40 PM, Certified Nurse Aide #4 stated they were not aware of a language line or translation services. They stated there were no communication boards used for the resident. They stated that at times some Certified Nurse Aides would use translation apps on their cellular phones to assist in communication.</p> <p>During an interview on 10/07/2024 at 12:01 PM, Licensed Practical Nurse #3 stated they were aware of a language line for translation, but they hadn't been taught how to use it. They stated they had not seen any translation devices or communication boards to use with the resident.</p> <p>Resident #20 was admitted to the facility with the diagnoses of atrial fibrillation, obstructive sleep apnea, and lymphedema. The Minimum Data Set, dated dated dated [DATE] documented the resident was able to be understood, could understand others, and was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the resident's comprehensive care plans showed no comprehensive care plan in place for the diagnosis of lymphedema.</p> <p>During an interview on 10/07/2024 at 2:15 PM, Director of Nursing #1 stated all conditions being treated should have a resident specific care plan.</p> <p>Resident #25 was admitted to the facility with the diagnoses of traumatic brain injury (brain dysfunction caused by an outside force, usually a violent blow to the head), severe dementia with agitation, and delusional disorder. The Minimum Data Set, dated dated dated [DATE] documented the resident was rarely/never understood, could rarely/never understand others and was severely cognitively impaired.</p> <p>The Comprehensive Care Plan dated 8/18/2024 and titled, The resident exhibits behaviors as evidenced by, contained a list of potential symptoms. None of the symptoms were checked. The only approach documented in the Care Plan was not resident specific and not applicable to this resident who was rarely/never understood or able to understand-- It documented to: 'Approach the resident in a calm, consistent manner. Make eye contact. Use the resident's name and explain the purpose upon approach. Psychiatric/psychological consult and follow-up as necessary. Provide resident with the opportunity to express feelings through 1:1 and group visits. Encourage resident to participate in facility routine. Monitor for any changes in mood state. Provide reassurance and emotional support during episodes. Other.'</p> <p>The Comprehensive Care Plan dated 8/18/2024 and titled, Resident has a diagnosis of dementia severe with agitation, insomnia, traumatic brain injury, hallucinations, delusional disorder, restlessness, psychosis and is at risk for impaired decision making. The only approach documented in the Care Plan was not resident specific and not applicable to this resident who is rarely/never understood or able to understand-- It documented to: 'Administer medications as ordered. Encourage family/conservator/Power of Attorney to attend care planning and call with any changes. Encourage resident to attend preferred recreational activities. Assist resident in engaging tasks of historical interests, past profession, or hobbies as able. Observe for decline and provide rehabilitation services as needed. Speak slowly and clearly allowing time for resident to respond. Use resident's name when speaking to.'</p> <p>During an interview on 10/08/24 at 12:01 PM, Director of Nursing #1 stated care plans should be resident specific, that if there was a checklist then what applied to the resident should be checked off and then specific information that might help the resident should be added. Director of Nursing #1 stated they had just started in this facility last week and was already aware of the issues with the care plans, and would be making corrections as soon as possible.</p> <p>10 New York Codes, Rules, and Regulations 415.11 (c)(1)</p>		

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<p>F 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p>43805</p> <p>Based on observation, record review and interview conducted during the recertification survey, the facility did not ensure residents were given the appropriate treatment and services to maintain or improve their ability to carry out the activities of daily living including functional communication systems for 1 (Resident #7) of 1 resident reviewed for communication. Specifically, Resident #7 ' s primary language was Japanese, and was care planned for staff to utilize communication boards. Resident #7 was not consistently provided a functional communication system to communicate their needs independently and effectively.</p> <p>This is evidenced by:</p> <p>The undated Policy and Procedure titled, CNR - Communication with Sensory Impaired and Non-English Persons, stated the facility would utilize all available tools including but not limited to communication boards to ensure the sensory-impaired persons were afforded equal opportunity to benefit from the services provided.</p> <p>Resident #7 was admitted to the facility with the diagnoses of Alzheimer ' s disease, cognitive communication deficit, and unspecified dementia. The Minimum Data Set (an assessment tool) dated 7/06/2024 stated the resident was rarely/never understood, could rarely/never understand others and was severely cognitively impaired.</p> <p>The face sheet demographics stated the resident ' s preferred language was Japanese.</p> <p>The comprehensive care plan titled, Resident is at risk for altered communication, included the interventions to utilize a translator if needed and utilize communication boards.</p> <p>During an observation on 10/03/2024 at 10:00 AM, no communication boards were observed in the Resident #7 ' s room.</p> <p>During an interview on 10/03/2024 at 12:40 PM, Certified Nurse Aide #4 stated they were not aware of a language line or translation services. They stated there were no communication boards used for the resident. They stated that at times some Certified Nurse Aides would use translation apps on their cellular phones to assist in communication but there was nothing provided by the facility. Certified Nurse Aide #4 stated they would do a lot of pantomime, such as by asking Resident #7 if they wanted ketchup and show them the ketchup.</p> <p>During an interview on 10/07/2024 at 12:01 PM, Licensed Practical Nurse #3 stated they were aware of a language line for translation, but they had not been taught how to use it. They stated they had not seen any translation devices or communication boards to use with the resident.</p> <p>During an interview on 10/07/2024 at 2:15 PM, Director of Nursing #1 stated they were unaware of any communication issues with any resident but would look into it. They stated the facility did have access to a language line to help translate for residents and staff.</p> <p>(continued on next page)</p>		

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 New York Codes, Rules, and Regulations 415.12 (a) (2)

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33538</p> <p>Based on observation, record review, and interview conducted during a recertification survey, the facility did not ensure drugs and biologicals were labeled and stored in accordance with professional standards of practice. Specifically, opened insulin had no open and/or expiration dates written on them. This was evident for 1 (Unit B medication cart) of 2 medication carts reviewed for medication storage.</p> <p>This is evidenced by:</p> <p>The facility's Policy and Procedure, titled Medication Administration and last revised ,d+[DATE] did not address labeling multi-use medications with expiration dates.</p> <p>During a medication cart review on Unit B with Licensed Practical Nurse #1 on [DATE] 9:16 AM, the following was observed:</p> <p>Resident #15's Basaglar KwikPen (insulin) was opened, and had no date opened or date of expiration.</p> <p>Resident #37's Basaglar KwikPen (insulin) was opened, and had no date opened or date of expiration.</p> <p>Resident #165's Humalog KwikPen (insulin) was opened, and had no date opened or date of expiration.</p> <p>Resident #166's Humalog KwikPen (insulin) was opened, and had no date opened or date of expiration.</p> <p>Resident #215 had 2 opened vials of insulin lispro solution with no dates when opened or expiration.</p> <p>Resident #216's Novolog FlexPen (insulin) was opened, and had no date opened or date of expiration.</p> <p>During an interview on [DATE] at 9:16 AM, Licensed Practical Nurse #1 stated both the date opened, and date expired - of 28 days after opening - should have been put on the sticker when a new pen or vial was opened. Licensed Practical Nurse #1 stated they had administered the undated medications to Residents #15, 165, and 166 this morning ([DATE]) and should not have because there was no way to know when the medications were opened or if they were expired, and all the insulins that were not dated would have to be discarded.</p> <p>During an interview on [DATE] at 9:46 AM, Licensed Practical Nurse #3 stated all multi-use insulin pens and vials needed to be labeled with the date they were opened, and that opened insulin pens and via were to be discarded 28 days after that date. hey were to be discarded 28 days after that date.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] 11:17 AM, Director of Nursing #1 stated nurses should have been writing on the labels when the insulins was opened and when they expired, which was 28 days after opening. Director of Nursing #1 stated they were new to the facility and not familiar with the policy related to labeling of multi-use medications.</p> <p>10 New York Codes, Rules, and Regulations 415.18(d)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>21414</p> <p>Based on observation and interview conducted during the recertification survey, the facility did not store, prepare, distributed, or serve food in accordance with professional standards for food service safety in the main kitchen and 2 (Unit A and Unit B) of 2 nourishment kitchenettes. Specifically, equipment and surfaces were soiled with food particles and plastic single-use articles were stored on the floor.</p> <p>This is evidenced by:</p> <p>During observations on 10/02/2024 at 10:49 AM, single-use plastic tableware and utensils were stored on the floor of the main storeroom and the following items were soiled with food particles or food drips:</p> <p>Slicer.</p> <p>Microwave oven.</p> <p>Table mixer.</p> <p>Utensil drawers.</p> <p>Can opener holder.</p> <p>Cooking line shelving.</p> <p>K-rated fire extinguisher.</p> <p>Kitchen mop sink.</p> <p>Exterior of refrigerator in the Unit A Nourishment Kitchenette.</p> <p>Microwave oven and refrigerator shelving in the Unit B Nourishment Kitchenette.</p> <p>During an interview on 10/02/2024 at 11:44 AM, Food Service Director #1 stated the items found would be cleaned immediately and that they would speak with their staff about not storing paper products on the floor in the storeroom.</p> <p>10 New York Codes, Rules, and Regulations 415.14(h)</p> <p>Chapter 1 State Sanitary Code Subpart 14-1</p>		