

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335618	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/17/2025
NAME OF PROVIDER OR SUPPLIER Latta Road Nursing Home East		STREET ADDRESS, CITY, STATE, ZIP CODE 2102 Latta Road Rochester, NY 14612	
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 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46526</p> <p>Based on interviews and record review conducted during an Abbreviated Survey (NY00357033), the facility did not ensure that one (Certified Nursing Assistant [Aide] #4) of three Certified Nursing Assistants' certifications were current during the employees' employment at the facility. Specifically, the New York State Nurse Aide Registry Verification Report for Certified Nursing Assistant #4 documented their certification had lapsed (expired) effective [DATE] and not been renewed. Certified Nursing Assistant #4 continued to work in the facility with direct resident care for a period of time without a valid certification from the New York State Nurse Aide Registry (Prometric). This is evidenced by the following:</p> <p>The facility policy Certified Nursing Assistant (CNA) Certificate Renewal, dated [DATE], included all Certified Nursing Assistants recertification would be monitored by the Director of Nursing on a monthly basis, and the certificate renewal process would start in the beginning of the month in which the certificate was due to expire. During the first week of every month, all recertification paperwork would be provided to the Business Office Manager and sent to the State of New York.</p> <p>Review of Certified Nursing Assistant #4's certification #NY000411544E on [DATE] revealed an expiration date of [DATE]. Review of the New York State Nurse Aide Registry on [DATE] revealed Certified Nursing Assistant #4's certification remained lapsed effective [DATE].</p> <p>Review of a Nursing Assistant Registry Renewal Form completed for Certified Nursing Aide #4 revealed a renewal form had been completed by the previous Director of Nursing, dated [DATE].</p> <p>Review of facility billing records for shifts worked from [DATE] to [DATE] revealed Certified Nursing Assistant #4 continued to work in the facility providing direct resident care without a valid certification from the New York State Nurse Aide Registry.</p> <p>During an interview on [DATE] at 11:20 AM, Business Office Manager #1 stated the process for ensuring certifications were up to date was run by the Director of Nursing, who checked monthly to see who needed recertification. Business Office Manager #1 stated the renewal form should be completed and sent with a check to Prometric (New York State Nurse Aide Registry). Business Office Manager #1 stated after about three months, a new copy of the certified nursing aide's certification would be sent to the employee, who then provided a copy to the facility. Business Office Manager #1 stated since the COVID-19 pandemic, there had been a three- to six-month lapse (grace) period (certified nursing assistants could still work during that period) from the New York State Nurse Aide Registry.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 335618	Facility ID: 335618 If continuation sheet Page 1 of 2

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on [DATE] at 3:22 PM, Prometric Customer Service Representative #1 stated the facility (employer) should fill out the certification renewal form which included (but not limited to) the facility's code and the time the certified nursing assistant worked. Prometric Customer Service Representative #1 stated once the renewal form was received (via mail), it would take two to three weeks to process, unless more information was needed. Prometric Customer Service Representative #1 stated the certified nursing assistant's new certificate would be emailed to either the employee's home address or the facility, depending what information was in the system. Prometric Customer Service Representative #1 stated a certificate would show as lapsed if past the expiration date and if the renewal form was in process. Prometric Customer Service Representative #1 stated that any grace period allowing a certified nursing assistant to work while their certificate was being processed after the expiration date would be at the discretion of the employer (facility). Prometric Customer Service Representative #1 stated a certificate would be considered expired (if past expiration date) until everything was processed in their system. Prometric Customer Service Representative #1 stated Certified Nursing Assistant #4's certificate had lapsed on [DATE] and the certificate was still pending because of an employer code error and the employer's title was left blank.</p> <p>During an interview on [DATE] at 4:48 PM with the Director of Nursing, the Nurse Educator, the Business Office Manager #1, the Social Worker, and the Administrator (via telephone), the Director of Nursing stated at the beginning of each month they check (certificates due for renewal) and pass along to the business office, so they could send the check. Business Office Manager #1 stated if a certified nursing assistant's certificate had expired and they had not received the active certificate, the employee had 90 days (during which they could work). Business Officer Manager #1 stated Prometric stated they had 90 days but could not recall who told them this. Business Officer Manager #1 stated there is no follow-up with Prometric during those 90 days, and that Prometric is behind (with processing and sending certificates). Business Office Manager #1 stated if it is past the 90 days and the certified nursing aide's active certificate is not received, they would take the employee off the schedule.</p> <p>Several attempts made to interview Certified Nursing Aide #4 were unsuccessful.</p> <p>415.26(c)(3)</p>		