

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2025
NAME OF PROVIDER OR SUPPLIER North Country Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 182 Highland Road Massena, NY 13662	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</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

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Based on record review, observations, and interview during the recertification and abbreviated surveys (NY00351103) conducted 8/11/2025-8/15/2025, the facility did not ensure facility menus reflected input received from residents and resident groups for 7 of 7 anonymous residents present at the resident group meeting. Specifically, generic menus were provided to the residents without specific fruits and vegetables to be served and had repetitive starches daily resulting in complaints about the lack of variety in food options. Findings included: The facility policy Resident Food Preferences, revised 7/2024 documented the dietitian, or designee would identify a resident's food preferences. Those preferences were documented in the resident's care plan. The Food Service Department would offer a variety of foods at each scheduled meal with alternates available, as well as access to snacks throughout the day and night. The facility policy Dietary Menu Development, last reviewed 11/2024, documented all residents received meals that were nutritionally adequate, appealing, and tailored to their preferences. All menus were reviewed and approved by a registered dietitian at least annually and with significant changes. Menus were planned 4 weeks in advance using a minimum 4-week cycle. There were three meals per day plus snacks as appropriate. The menus were to have variety in color, flavor, texture, and food group presentation. Resident council feedback would be reviewed and incorporated. Seasonal fruits and vegetables were included into the menu. The final menu was signed and dated by the registered dietitian. The 5/2025 monthly Resident Council minutes documented residents voiced they were not receiving condiments on a regular basis with their meals. During a resident group meeting on 8/12/2025 at 1:30 PM, seven anonymous residents stated meal portions were shrinking, and there was no variety to the menus. The 8/12/2025 Week at a Glance, documented the following lunch meals:- Monday 8/12/2025 fruit mix, rice, and assorted vegetable.- Tuesday 8/13/2025 assorted dessert, mashed potatoes, and vegetable of the day.- Wednesday 8/14/2025 chilled fruit cup, mashed potatoes, and assorted vegetable.- Thursday 8/15/2025 fruit mix, mashed potatoes, and assorted vegetable.- Friday 8/16/2025 assorted dessert, mashed potatoes, and assorted vegetable. The 8/12/2025 Week at a Glance, documented the following dinner meals:- Monday 8/12/2025 fruit cup, a pasta, and assorted vegetable.- Tuesday 8/13/2025 canned fruit, French fries, and coleslaw.- Wednesday 8/14/2025 assorted dessert, a pasta, and assorted vegetable.- Thursday 8/15/2025 assorted dessert, a pasta, and assorted vegetable.- Friday 8/16/2025 assorted dessert, rice, and assorted vegetable. The weekly menu documented mashed potatoes were served on Sunday, Tuesday, Wednesday, and Thursday for lunch. Every lunch included a generic vegetable of the day and generic chilled fruit cup, assorted fruit or assorted dessert. Most dinners also documented generic vegetable of the day and generic chilled fruit cup, assorted fruit or assorted dessert. The menu did not specify what the vegetables, fruits, or desserts were. During an interview on 8/15/2025 at 9:49 AM, Registered Dietitian #5 stated the Regional Food Service Director gave the facility the menu. They stated they reviewed the menu for variety and did not know why the posted menu was generic. A specific menu was programmed in the facility's Meal Tracker (specific electronic dietary program). Residents had a right to know what they were going to be eating on a routine basis. The posted menu met all residents' nutritional needs. The facility provided starches via mashed potatoes or rice. Butter or margarine was sent on the meal carts if a resident wanted them. During an interview on 8/15/2025 at 9:54 AM, Certified Nurse Aide #9 stated many residents complained about getting the same type of foods over and over. They stated the residents were served mashed potatoes or rice every day. During an interview on 8/15/2025 at 10:15 AM, Certified Nurse Aide #10 stated the residents got a lot of the same types of foods. The residents complained that sometimes the food was cold, and staff had to heat it up or call the kitchen for a replacement. The staff ensured the food was not too hot, after reheating it, by taking the food temperature before giving it to the resident. Some families brought food in they knew the residents would eat. Staff offered snacks and cereals when a resident did not eat the food. During an interview on 8/15/2025 at 10:39 AM, Licensed Practical Nurse #11 stated the residents complained about frequently getting the same types of food. They stated they had personally eaten the food in the past and it was bland. The kitchen usually had sandwiches available if a resident did not like the main entree. During an interview on 8/15/2025 at 11:00 AM, Food Service Director #1 stated the registered dietitian set the menu and signed off on approval. When asked to view the menu, the Food Service Director stated it was not readily available. The menu was generic to make it appear neater. The menu was decided daily based on the available foods in the kitchen. If there were vegetables and desserts on hand, that was adequate. They stated the food being served during survey</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> <p>Note: The nursing home is disputing this citation.</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, record review, and interviews during the recertification survey conducted 8/11/2025-8/15/2025, the facility did not store, prepare, distribute and serve food in accordance with professional standards for food service safety for one (1) of one (1) main kitchen reviewed. Specifically, the main kitchen dish machine did not reach the temperature required to sanitize soiled dishware; food in the freezer was not labeled or dated; the dish machine temperature log and three bay sink sanitizer testing logs were not completed every day; and appropriate hand hygiene was not performed. Findings include: The facility policy Dishwasher Policy & Procedure, revised 10/2024, documented high temperature sanitizing dish machines must reach a minimum rinse temperature of 180 degrees Fahrenheit to ensure dishware was safe to use; and monitor daily logs for temperatures and chemicals. The facility policy Kitchen Sanitation, revised 10/2024, documented no eating or drinking was allowed in the kitchen, all food was to be labeled and dated, and all dishes that touched food was to be cleaned and sanitized before and after each use. Food Storage: During an observation of the walk-in freezer on 8/13/2025 at 10:32 AM, there was an unlabeled and undated stack of sliced meat; an opened unlabeled and undated bag of a breaded product; and an unlabeled and undated bag of frozen round patties. During an interview on 8/13/2025 at 1:51 PM, Food Service Director #1 stated leftover food in the freezer should be labeled and dated. Food Preparation: During an observation during lunch preparation on 8/13/2025 at 10:32 AM, Food Service Director #1 was preparing chicken and there was a personal beverage cup sitting on the same counter. The Food Service Director used their phone as they walked away from the area near the ovens, picked up a pan of ground chicken and their ungloved thumb was in the pan. The Food Service Director put on gloves and did not perform hand hygiene. During an interview on 8/13/2025 at 1:51 PM, Food Service Director #1 stated the hand hygiene policy required hand washing upon arrival, when changing gloves, and when hands were soiled. They stated it was not acceptable to have their thumb inside a pan of food without gloves on or put gloves on without washing their hands first. They stated they did not receive hand hygiene training. Dishwashing: During an observation and interview on 8/13/2025 at 10:32 AM, the rinse portion of the dish machine read 150 to 155 degrees Fahrenheit. There was no documented evidence of the dish machine temperature log and three bay sink sanitizer recording forms for 8/13/2025. Dietary Aide #8 stated they usually tested the sanitizer in the three-bay sink and the dish machine temperatures first thing when they started work, but they forgot to today. They stated testing was important to make sure dishes were cleaned and sanitized. During an interview on 8/13/2025 at 12:10 PM, Food Service Director #1 stated the dish machine was a high temperature machine and needed to reach 180 degrees Fahrenheit on the rinse to sanitize safely. They stated the plates observed earlier were not properly sanitized and were used to serve lunch. They stated without proper sanitation it could cause food born illness and contamination. During an interview on 8/13/2025 at 1:35 PM, Dietary Aide #8 stated they logged the dish machine temperature readings and sanitizer results from the three-bay sink on the forms, both in the morning and afternoon. They stated they forgot to test the sanitizer and dish machine temperatures on 8/13/25 in the morning. They stated the dishes from breakfast were pushed through the dish machine, air dried, then stacked on a cart, and put over by the steamtable and used at lunch. They stated these dishes were used to plate up lunch and they did not have enough plates to serve two meals without using the same plates. During an interview on 8/13/2025 at 1:51 PM, Food Service Director #1 stated they only had enough dishes in house for one meal service and the same dishes that were cleaned during observation of the dish machine not sanitizing properly were also used at lunch. They stated they were aware of the temperature issues with the dish machine not sanitizing properly before lunch and should have sanitized the dishes in the three-bay sanitizer before using them. They stated dishes required sanitizing to get rid of bacteria. 10NYCRR 483.60(i)(2)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>Based on observations and interviews during the recertification survey conducted 8/11/2025- 8/15/2025, the facility did not ensure a safe, functional, sanitary, and comfortable environment for residents, staff, and the public in one (1) of (3) three units (Unit 200). Specifically, Unit 200 hallway was unclean and had odors. Findings include: The undated facility Housekeeping Tasks documented hallways/nurse's station should be dust mopped and wet mopped. The following observations were made on Unit 200:- On 8/11/2025 at 4:12 PM, there was a brown, dried, odorous substance smeared on the floor going down the hallway from the elevators to the shower room.- On 8/12/2025 at 8:52 AM, there was a brown dried, odorous substance on the floor in the hallway near the elevators. During an interview on 8/14/2025 at 10:07 AM, Housekeeper #2 stated they were responsible for sweeping, mopping, cleaning windowsill, and wiping down everything. They stated they were responsible for mopping the hallways every day, but they did not always get to them. Feces on the floors should be cleaned up by nursing staff. They stated they saw a brown streak down the hallway near the elevator. During an interview on 8/14/2025 at 2:30 PM, the Infection Preventionist stated the certified nurse aides were responsible for cleaning up feces on the floor and housekeeping would sanitize the area afterward. During an interview on 8/14/2025 at 2:45 PM, Certified Nurse Aide #4 stated if they observed feces and urine on the floor, they were responsible for cleaning up the feces or urine.10NYCRR 415.29</p>		