STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335619	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Country Nursing & Rehabilitation Center	182 Highland Road Massena, NY 13662

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 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 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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 was not always the posted menu as it was a very simple process of cooking the vegetables on hand. They stated the residents had a right to know exactly what the menu for each day would be. At 11:26 AM, the Food Service Director stated the facility did not have menus signed by the dietitian but was having them signed and sent to the facility.During an interview on 8/15/2025 at 11:03 AM, Licensed Practical Nurse #12 stated the residents received a lot of chicken. Mashed potatoes and vegetables were usually the same daily, and usually an assorted vegetable mix or just carrots. Most of the residents complained about getting the same thing all the time. They were able to have sandwiches as an alternate. During an interview on 8/15/2025 at 11:18 AM, the Director of Nursing stated alternates were listed on the menu for every meal. The facility also offered soup and sandwiches. They stated they were aware of residents complaining of getting the same types of meals. 415.4(c)(1-3)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 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)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. Based on observations, record review, and interviews during the recertification survey conducted 8/11/2025-8/15/2025, the facility did not ensure residents maintained acceptable parameters of nutritional status for one (1) of one (1) resident (Resident #11) reviewed. Specifically, Resident #11 had unplanned significant weight loss; nutritional interventions were not included in the care plan or implemented timely; staff assistance was not provided at meals; and there was no documented evidence the medical provider was notified of the weight loss.Findings includeThe facility policy Weight Assessment and Intervention, revised September 2008, documented the interdisciplinary team intervened for undesired weight loss and the physician identified factors that caused the weight loss. The threshold for significant weight loss was defined as five (5) % over 1 month, seven and half (7.5) % over three (3) months or ten (10) % over six (6) months. If the weight loss was deemed undesired, interventions would be implemented.The facility' policy Change in Resident Condition, revised 7/2024, documented the registered nurse would notify the physician if residents had a significant change in physical condition. Resident #11 had diagnoses including dementia, severe protein calorie malnutrition, and glaucoma (eye disease). The 5/29/2025 Minimum Data Set assessment documented the resident had severely impaired cognition, significant visual impairment, required supervision with touching assistance at meals, weighed 140 pound, and had unplanned significant weight loss in 6 months. The Comprehensive Care Plan initiated 8/2021 documented the resident had cognitive loss with dementia, impaired vision, required assistance with meals, and had impaired nutritional status with a significant, unplanned weight loss. Nutritional interventions included regular pureed diet with nectar thick liquids and weight resident as ordered. The 3/10/2025 Registered Dietitian #5 progress note documented the resident weighed 172.6 pounds on 12/5/2024 and 157 pounds on 3/5/2025 (9% weight loss in 3 months). The resident's intake was mostly fair/good with 51-100% meal consumption. The resident fed themself after set-up assistance. The resident triggered for significant, unplanned, undesirable weight loss in three months. Recommendations included weight maintenance, monitor weekly weights, monitor/encourage intake, and meet food preferences. There were no documented updated interventions to the nutritional care plan. The resident weight record documented the following weights:-3/12/2025 157 pounds-3/18/2025 158 pounds-3/26/2025 155 pounds -4/1/2025 154.8 pounds-5/6/2025 153.2 pounds (17.8 pound/ 10.4 percent loss in six months).The 5/8/2025 (edited on 6/2/2025) Registered Dietitian #5 progress note documented the resident triggered significant, unplanned, undesirable weight loss related to variable intake and dementia. Intake at meals was 26-100 %. Recommendations included weight maintenance, and eight ounces of Boost Plus or Ensure Plus (nutritional supplements) twice a day. There was no documented evidence the care plan was updated to reflect nutritional interventions, or the medical provider was notified of the significant weight loss. Resident #11's documented weight on 6/6/2025 was 150.4 pounds (22.2 pound/ 12.8 percent loss in six months).The 6/12/2025 Registered Dietitian #5 progress note documented the resident triggered for significant, unplanned, undesirable weight loss related to variable intake and dementia. Intake at meals was 26-100 %. The plan was for weight maintenance and the current plan of care remained appropriate. There was no documented evidence the care plan was updated to reflect nutritional interventions, or the medical provider was notified of the significant weight loss. Resident #11's documented weight on 8/7/2025 was 142.6 pounds (7.7 pound/ 5.2 percent loss in one month).Physician progress notes from 3/8/2025, 3/28/2025, 3/31/2025, 4/5/2025, 5/3/2025, 6/6/2025, 7/3/2025, and 8/8/2025 did not document weight loss for Resident #11.The 8/11/2025 Registered Dietitian #5 progress note (edited on 8/13/2025) documented the resident triggered for significant, unplanned, undesirable weight loss related to variable intake and dementia. Intake at meals was 26-100 %. The plan was for weight maintenance, and eight ounces of Boost Plus or Ensure Plus was increased to three times per day at that time. There was no documented evidence the care plan was updated to reflect nutritional interventions, or the medical (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	provider was notified of the significant weight loss. During a meal observation on 8/11/2025 at 12:47 PM, Resident #11 was trying to eat chopped broccoli and rice with their fork and got very little of it to their mouth. They felt their cups with their hands and tried to stab the food in an up and down motion. Resident #11 was not assisted with their meal. They consumed very little of their food and when the tray was removed at 1:06 PM, no substitutes were offered.During a meal observation on 8/12/2025 9:11 AM, Resident #11 was trying to eat a chopped muffin, scrambled eggs, and oatmeal with their fork. They were unable to get very little food into their mouth. They felt their cups with their hands and tried to stab the food in an up and down motion. Resident #11 was not assisted with their meal. They consumed very little of the food and when the tray was removed, no substitutes were offered.During an interview on 8/14/2025 at 11:34 AM, Registered Dietitian #5 stated if there was a significant weight loss, they requested a reweight. They stated they visited the resident and obtained food preferences and implemented interventions if the weight was confirmed accurate. They stated they had not seen Resident #11 struggling to feed themself. They would have recommended a therapy evaluation if they had noticed issues. They stated the nursing unit manager should have told the physician about the weight loss but if they saw the physician had not addressed weight loss they told them as well.During an interview on 8/14/2025 at 12:10 PM, Licensed Practical Nurse Unit Manager # 6 stated if a resident had significant weight loss, they completed a form with clinical information such as weights, intake, bowel status, behaviors, and medication changes and sent this to the physician. They stated they recommended an Occupational Therapy evaluation if a resident was having issues feeding themselves. They were not sure if past significant weight changes for Resident #11 were submitted to the physician because they were new to the floor.During a telephone interview on 8/15/2025 at 9:53 AM, Registered Dietitian #5 stated they initiated an intervention for unplanned weight loss within a week of a reweight confirming significant weight loss. They stated they care planned interventions for weight loss and thought they did in Resident #11's case but could not verify without their computer.During a telephone interview on 8/15/2025 at 10:13 AM, Physician #7 stated they were very familiar with Resident #11. They stated the Unit Manager sent weight loss forms to them. They stated being aware of weight loss was very important and increased the risk for infection. They stated they were not aware of documented weight loss for the resident. 10NYCRR 483.25(g)(1)

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F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observations, record review, and interviews during the recertification survey conducted 8/11/2025-8/15/2025, the facility did not ensure garbage and refuse was disposed of properly. Specifically, facility garbage areas were not maintained to prevent attraction and harborage of pests. Findings include: The facility policy Pest Control, dated 9/1/2019, documented the facility would maintain an on-going pest control program to ensure the building was kept free of insects and rodents. Garbage and trash were not permitted to accumulate and were removed from the facility daily.During an observation on 8/13/2025 at 10:32 AM, there was a large amount of old food, old food containers, and trash on the ground under the metal grates next to the outside dumpster. There was old, dried food debris on the metal grates. There were flies swarming around the dumpster and the old food. During an interview on 8/13/2025 at 1:51 PM, the Food Service Director stated cooks took the garbage out the back door. They were not sure who was responsible for cleaning around the dumpster. The area around the dumpster should be free of food debris and garbage to prevent flies or other pests. During an interview on 8/15/2025 at 10:37 AM, the Maintenance Director stated they had a pest control company come in every month, and they treated for flies. They saw some flies around the dumpster. They stated the kitchen staff was supposed to clean and monitor the trash near and around the dumpster, but if the trash was in the parking lot the maintenance staff was responsible for cleaning it up. 10 NYCRR 415.14(h)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 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