

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	

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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47750</p> <p>Based on observation, interview, and record review conducted during an Abbreviated survey (Complaint #NY00340465) the facility failed to protect residents from sexual abuse for one (Resident #2) of three residents reviewed for abuse. Specifically, Resident #1 with a history of sexually aggressive behaviors was found engaged in sexual activity with Resident #2. Resident #2 wandered into Resident #1's room without staff's knowledge. Resident #1 and Resident #2 both lacked the ability to consent due to their cognitive impairment and inability to express their feelings. Using the reasonable person concept, as referenced on the Centers for Medicare and Medicaid Services Psychosocial Outcome Severity guide, it was determined psychosocial harm occurred that is not immediate jeopardy.</p> <p>The finding is:</p> <p>The policy titled Abuse - Investigation, Protection and Reporting dated 10/24/2022 documented each resident has the right to be free from verbal, sexual, physical/mental abuse, involuntary seclusion, exploitation in any form, or any misappropriation of their property. A policy of zero tolerance will be enforced if any violations of these rights occur. It is the responsibility of the facility to protect the resident from abuse.</p> <p>1. Resident #1 had diagnoses including dementia, hypertension (high blood pressure), and benign prostatic hyperplasia (prostate enlargement). The Minimum Data Set (a resident assessment tool) dated 3/6/2024 documented Resident #1 had moderate cognitive impairments, was sometimes understood, and sometimes understands others. Resident #1 required supervision assistance for lower body dressing and partial assistance for transfers and ambulation. There were no behaviors documented during the assessment period.</p> <p>Resident #1's comprehensive care plan documented the following:</p> <p>2/15/2024 they had self-gratifying behaviors. Interventions included provide privacy for resident while self-gratifying and reapproach as needed.</p> <p>3/17/2024 they had behavior problems including a history of disrobing their pants in communal areas. Interventions included two-person care for all personal care, enhanced supervision while in the 300 lounge and encourage Resident #1 to keep their clothes on in communal areas.</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: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>4/9/2024 they were at risk for victimization/victimizer related to cognitive deficit, dementia, and disorientation at times. Interventions included to encourage resident to leave door open to room and gently redirect wandering residents away from room.</p> <p>Review of the Risk for Sexually, Verbally, and Physically Aggressive Behavior form dated 4/19/2024 documented Resident #1 was scored as high risk. The tool indicated Resident #1 displayed sexual aggression in the past 6 months and was flirtatious with words and eyes and uses hands or mouth.</p> <p>An order dated 6/6/2023 documented that Resident #1 lacked the capacity to make health care decisions.</p> <p>Resident #2 had diagnoses of dementia, psychosis, and restlessness/agitation. The Minimum Data Set, dated dated [DATE] documented Resident #2 was severely cognitively impaired, rarely understood and rarely understands others. Resident #2 was independent for transfers, bed mobility, and ambulation.</p> <p>The comprehensive care plan revised on 12/5/2023 documented Resident #2 had the potential to be a victimizer to other residents related to memory loss and poor impulse control.</p> <p>An order dated 1/19/2024 documented that Resident #2 lacked capacity to make medical decisions.</p> <p>Review of Resident #1 nursing progress notes dated 4/14/2024 - 4/27/2024 revealed the following:</p> <p>4/14/2024 at 10:21 AM, the resident was disrobing the front of their pants in the hallway. Redirected by staff without incident.</p> <p>4/14/2024 at 2:43 PM, staff reported at 2:20 PM the resident was observed to have been holding their genitalia out of their pants in the common hallway. Staff redirected the resident to put it away. The resident complied with staff re-direction.</p> <p>4/18/2024 at 12:43 PM, the resident had sexually inappropriate behaviors towards staff. Staff reported Resident #1 was unzipping their pants in the hallway and pulling on their genitalia.</p> <p>4/21/2024 at 10:16 AM, the resident had sexual behaviors directed toward staff. Redirected.</p> <p>4/22/2024 at 2:49 PM, continued behaviors were discussed with Medical Doctor #1 and new orders were received to increase the mirtazapine (a medication used to treat depression), and to start Depakote (a medication used to treat seizure disorders and certain psychiatric conditions) for dementia with behaviors.</p> <p>4/23/2024 at 10:39 AM, the resident was inappropriately following and attempting to touch other residents. Resident #1 attempted to kiss a staff member.</p> <p>4/27/2024 at 10:25 AM, the resident was difficult to redirect this shift, was going into resident's rooms and following them in the hallways.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	
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 0600 Level of Harm - Actual harm Residents Affected - Few	<p>4/27/2024 at 8:35 PM, Registered Nurse Supervisor #1 documented Resident #1 was found by Certified Nurse Aide #1 to be penetrating Resident #2 in the anus with erect genitalia. Both residents were separated.</p> <p>Review of Resident #2 progress notes dated 4/27/2024 Registered Nurse Supervisor #1 documented a late entry stating, Resident's private area was assessed. No bruising/redness in areas noted. No moisture</p> <p>Review of the Nurse Practitioner Progress note dated 4/27/2024 Family Nurse Practitioner #1 documented Resident #1 was seen for a follow up visit due to a sexual encounter. Nursing staff indicated Resident #1 was seen standing behind Resident #2 who was laying prone (on the stomach) on the bed with their pants down and Resident #1 with their pants lowered, hands on Resident #2's hips and erect genitalia making contact with Resident #2's buttocks/anal region.</p> <p>The undated facility Internal Investigation Report completed by the Director of Nursing documented on 4/27/2024 at approximately 7:30 PM, it was reported Resident #1 and Resident #2 were witnessed engaged in sexual physical contact and neither resident was able to state what had happened.</p> <p>The New York State Trooper's Incident Report dated 4/27/2024 documented Registered Nurse Minimum Data Set Coordinator #1 reported a sexual incident between two residents. Certified Nurse Aide #1 was walking down the hall, witnessed Resident #1 penetrating Resident #2 and they had to physically separate both parties. It was documented Resident #2 was not aware of what was going on and remained motionless. The New York State Trooper Investigator documented they contacted the local County District Attorney and reviewed the case with them but due to the mental defect presented by both parties, they would not prosecute the matter criminally.</p> <p>During a telephone interview on 9/18/2024 at 12:24 PM, Certified Nurse Aide #1 stated they were working on a different unit but were asked to assist with a resident on the locked unit, with whom they had a good rapport. Certified Nurse Aide #1 stated as they walked past Resident #1's room they saw the backsides of both Resident #1 and Resident #2. Resident #2 was laying across the bed with their upper half on the bed and Resident #1 was behind them. Resident #1 was standing, holding just below the butt and hip area of Resident #2. Resident #1 had their genitalia penetrating Resident #2's anal area. They were not sure how long the residents were in the room together. Certified Nurse Aide #1 stated they separated both residents, pulled up their pants and yelled for help. They stated Resident #1 was able to unbutton, unzip and pull down their own pants and Resident #1 had sexual behaviors prior to this incident. Certified Nurse Aide #1 stated Resident #1 would attempt to go into other resident rooms and watch them undress, try to touch staff on the butt or breasts and would make gestures pointing to their genitalia. They reported these behaviors to both the nurse on the cart and the charge nurse.</p> <p>During a telephone interview on 9/18/2024 at 12:46 PM, Certified Nurse Aide #2 stated Resident #1 was able to ambulate and had the ability to pull their own pants down. They stated Resident #1 behaviors included masturbating in front of staff.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/18/2024 at 1:44 PM, Licensed Practical Nurse #1 stated Resident #1 would stand up by themselves and there were a few times they have caught Resident #1 self-ambulating around their bed in their room. Licensed Practical Nurse #1 stated other behaviors Resident #1 had included trying to touch the breasts of Certified Nurse Aides during care. They stated they just redirected Resident #1 but did not recall any other interventions that were put into place.</p> <p>During an interview on 9/18/2024 at 2:39 PM, Registered Nurse Supervisor #1 stated Resident #1 was always behavior-ish and would unzip their pants to show their genitalia. Registered Nurse Supervisor #1 stated Licensed Practical Nurse #2 notified them of what Certified Nurse Aide #1 had stated They called the on-call Registered Nurse Minimum Data Set #1, started investigating the incident and assessed both residents. Registered Nurse Supervisor #1 stated they were unaware Resident #1 was following residents and attempting to kiss staff. They stated as the supervisor they should have been made aware and maybe they could have had Resident #1 on a 1:1 or something to prevent the incident from happening. Registered Nurse Supervisor #1 stated something more should have been done to keep the residents safe.</p> <p>During a telephone interview on 9/18/2024 at 2:51 PM, Licensed Practical Nurse #2 stated when they arrived at Resident #1' room, Certified Nurse Aide #1 was holding Resident #1 back from Resident #2 and both residents had their pants pulled up. Licensed Practical Nurse #2 stated they did not witness the incident, but Certified Nurse Aide #1 looked mortified, stating Resident #1 had an erection when they pulled the residents apart. Licensed Practical Nurse #2 stated they were not sure if it was considered abuse because neither Resident #1 nor Resident #2 had a perception of what was going on. Licensed Practical Nurse #2 stated they were not aware of Resident #1's behaviors prior to the incident, and they should have been aware of the prior behaviors so they could have found a way to curb Resident #1's enthusiasm and keep this incident from happening. They stated neither resident had the capacity to consent to sexual activity.</p> <p>During a telephone interview on 9/19/2024 at 11:00 AM, Registered Nurse Minimum Data Set Coordinator #1 stated they were the on-call Registered Nurse the night of the incident. They stated it was reported to them that Certified Nurse Aide #1 found the residents together and immediately separated them. They stated both residents have low BIMS (Brief Interview Mental Status - a cognitive screening tool) scores and neither could consent to sexual activity. They stated they were not sure how the incident occurred, but staff should have had a heightened sense of awareness of Resident #1's behaviors leading up to that night.</p> <p>During a telephone interview on 9/19/2024 at 11:34 AM, Licensed Practical Nurse #3 stated Resident #1 would attempt to touch staff and residents, but they were not sure if Resident #1 knew what they were doing. Licensed Practical Nurse #3 stated Certified Nurse Aides would report to them that Resident #1 was attempting to kiss them. They stated the intervention was to redirect Resident #1 to the lounge area and keep an eye on them. They stated they reported the behaviors to the supervisors and the Director of Nursing. Licensed Practical Nurse #3 stated, they were told by the supervisors and Director of Nursing to just keep an eye on Resident #1 in the lounge.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/20/2024 at 10:55 AM, Social Worker #1 stated Resident #1 was a high risk for sexual, physical, and verbally aggressive behaviors. The resident had a diagnosis of dementia with no frustration but had communication problems, was on psychoactive medications, had signs of sexual aggression in the past six months, had a level of affection with flirtation and was mobile. Social Worker #1 stated on 4/19/2024 a medical review was completed, and a referral was made for telepsychiatry to see Resident #1. Social Worker #1 stated the types of sexual behaviors that were documented including unzipping their pants to display themselves, and self-gratification. They stated they were unaware of Resident #1 following residents or going in their rooms and they should have been aware of those behaviors.</p> <p>During a telephone interview on 9/20/2024 at 11:49 AM, Family Nurse Practitioner #1 stated the facility contacted them regarding the incident and it appeared sexual in nature. Family Nurse Practitioner #1 stated neither Resident #1 nor Resident #2 were able to consent to sexual activity. They stated based on the examination; they did not believe Resident #1 penetrated Resident #2, but it was very probable that Resident #1 was rubbing themselves against Resident #2. Family Nurse Practitioner #1 stated based on their exam they would not be able to prove skin to skin contact did not happen and it would be considered sexual abuse.</p> <p>During a telephone interview on 9/20/2024 at 12:35 PM, Medical Doctor #1 stated neither Resident #1 nor Resident #2 had the ability to consent to sexual activity. Medical Doctor #1 stated they evaluated both residents for the ability to make decisions for their care and neither of them had insight or memory of past incidents. Medical Director #1 stated in and of itself yes it was considered sexual abuse but neither resident have the intention. They stated it would be considered abusive behavior.</p> <p>During an interview on 9/20/2024 at 2:11 PM, the Director of Nursing stated the definition of abuse included nonconsensual touching of intimate body parts or the clothing covering intimate body parts, examination, or treatment of the resident for other than bonafide medical purposes, and observation or photographs of intimate body parts. The Director of Nursing stated, through investigation including statements and discussion they determined abuse did not occur because it was physically impossible for penetration to occur.</p> <p>During a telephone interview on 10/7/2024 at 9:29 AM, the New York State Trooper Investigator stated they went to the facility on [DATE]. They stated from the interviews, especially from Certified Nurse Aide #1, it seemed like something did happen between Resident #1 and Resident #2. They felt, from reading their witness statement and interviewing them on the phone, Certified Nurse Aide #1 was credible. The New York State Trooper Investigator stated it would be difficult for them to say what the facility could have done better but in those few minutes that Resident #2 went into Resident #1's room, they were sexually assaulted by Resident #1.</p> <p>During a telephone interview on 10/7/2024 at 9:58 AM, Medical Doctor #1 stated the facility was considered the resident's home and they had the right to be safe in their home. They stated during the incident between Resident #1 and Resident #2 there was a potential for injury and a risk to the safety of both residents both physically and psychologically. Neither resident was cognitively intact. Using the reasonable person concept there was a potential for psychological harm.</p> <p>During a telephone interview on 10/7/2024 at 10:29 AM, the Administrator stated there was not any physical evidence the incident occurred, and they believed the facility kept Resident #2 safe.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335641	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Houghton Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 9876 Luckey Drive Houghton, NY 14744	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 10/7/2024 at 11:07 AM, Resident #2's Responsible Party stated the facility called them to report Resident #2 had wandered into another room. They stated they were told a staff member had walked by the room and saw Resident #1 attempting to have anal sex with Resident #2. The Responsible Party stated they had visited for a few days in April prior to the incident. Resident #2 had dementia, was not able to make their needs known, and felt they were heavily medicated. The Responsible Party stated they had never in their life seen Resident #2 in a situation like this. They believed if Resident #2 was cognitively aware of what Resident #1 was physically doing to them, they would have become very upset, would have punched Resident #1, or very badly injured them. They stated nobody deserves to have this kind of thing happen to them.</p> <p>10 NYCRR 415.3(d)(1)(vii)</p>		