

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335759	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/01/2025
NAME OF PROVIDER OR SUPPLIER  Norwich Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE  88 Calvary Drive Norwich, NY 13815	

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 0584  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	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.  (continued on next page)

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>Based on observations, record review, and interviews during the recertification and abbreviated (NY00353879) surveys conducted 7/29/2025-8/1/2025, the facility did not ensure a safe, comfortable, and homelike environment for two (2) of two (2) residents (Residents #39 and #80) reviewed and seven (7) anonymous residents present at the group meeting. Specifically, Resident #39's room and bathroom had a strong odor of urine; Resident #80 had missing clothing items and a wheelchair with a wheel in disrepair; and seven (7) anonymous residents reported they had items missing from laundry. Findings include: The facility policy Assistive Devices and Equipment, dated 2/2022 documented certain devices and equipment that assisted with resident mobility were provided for residents. In the event equipment was not functioning or was in poor repair, it was immediately removed from use and a replacement device implemented in a timely manner. The facility policy Quality of Life-Homelike Environment, dated 3/2022, documented the facility would reflect a personalized, homelike setting to include such characteristics as an orderly environment and pleasant, neutral scents; and management would minimize, to the extent possible, institutional odors. The facility policy Personal Belongings, revised 3/2023, documented a resident's personal belongings and clothing would be inventoried and documented upon admission and when such items were replenished. The facility policy Resident Clothing/Laundry and Labeling Procedure, revised 9/2024, documented resident clothing would be labeled and logged to prevent loss while in the facility and clothing should be labeled and returned to the unit within 72 hours of admission, re-admission, receipt. During an anonymous group meeting on 7/29/2025 at 2:10 PM, seven residents reported they had lost clothing. Clothing and washable items went missing even if labeled, and staff said they would look for it but did not follow through. 1) Resident #39 had diagnoses including diabetes. The 7/11/2025 Minimum Data Set assessment documented cognition was not assessed, the resident was frequently incontinent of urine and required moderate assistance with most activities of daily living. The 8/5/2024 Comprehensive Care Plan, revised 2/4/2025, documented the resident had frequent incontinence related to decreased mobility. Interventions included the resident would request assistance to the bathroom; change brief when incontinent and when needed; and change clothing as needed after incontinence episodes. The July 2025's Daily Housekeeping Completion Checklists documented the following:-Resident #39's bathroom received all disinfecting/cleaning tasks daily.-Resident #39's bedroom received all disinfecting/cleaning tasks daily except 7/14/2025, 7/20/2025 and 7/24/2025.-Resident #39's bathroom received a deep cleaning or multiple cleanings on 7/1/2025, 7/2/2025, 7/3/2025, 7/7/2025, 7/9/2025, 7/10/2025, 7/11/2025, 7/12/2025, 7/15/2025, 7/23/2025, 7/26/2025, 7/27/2025, and 7/30/2025. During an observation on 7/29/2025 at 11:31 AM Resident #39's room had a strong smell of urine and was strongest on Resident #39's side of the room. During an interview and observation on 7/30/2025 at 11:38 AM Resident #39's two family members stated they picked up dirty laundry three times a week. The dirty clothes were kept in a laundry basket located next to the resident's bed. The laundry was not in bags, so they brought their own bags to put the soiled clothing in to take home to wash. They noticed a smell as if the clothing was sitting a while. The resident stated when their dirty clothes were in the laundry basket and were not in a bag, the smell was not contained and was not pleasant. During an observation on 7/31/2025 at 9:41 AM, the resident's hamper was next to the head of the bed. The hamper was more than half-full of clothing and smelled of urine and was not in a plastic bag. During an observation on 8/1/2025 at 9:15 the resident's room smelled of urine and was stronger in the bathroom near the toilet. During an interview on 8/1/2025 at 9:18 AM, Certified Nurse Aide #17 stated if family did the laundry, dirty clothing was placed in a plastic bag in a laundry basket kept in their room. Resident #39's family did their laundry, and the hamper was kept in their room right next to their bed. The resident resisted toileting help, and would only asked for help if their clothing was wet and needed changing. They cleaned the floor as best they could and reported any concerns to housekeeping. During an interview on 8/1/2025 at 9:26 AM Housekeeper #16 stated they cleaned Resident #39's room first each day and often cleaned it multiple times a day due to the odor. Yesterday they used shaving cream on the bathroom floor, which helped. They had talked to their supervisor about it in the past. During an interview on 8/1/2025 at 9:30 AM, the Director of Environmental Services #3 stated they were made aware about 3 months ago that Resident #39's bathroom smelled of urine. They stated all they could do was keep cleaning it. They had not tried any other cleaning products as it would be too risky not knowing how the resident might react. 2) Resident #80 had diagnoses including congestive heart failure. The 7/11/2025 Minimum Data Set assessment documented the resident's cognition was intact</p>		