

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335767	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/20/2024
NAME OF PROVIDER OR SUPPLIER Our Lady of Mercy Life Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Mercycare Lane Guilderland, NY 12084	

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 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41795</p> <p>Based on record review and interview during an abbreviated survey (Case #NY00321881), the facility did not ensure each resident was free from misappropriation of resident property and exploitation for 1 (Resident #4) of 4 residents reviewed. Specifically, Resident #4 blank checks and bank card were obtained by Certified Nurse Aide #1 and cashed the check for the amount of 700.00 dollars and used the bank card to make purchases.</p> <p>This was evidenced by:</p> <p>Resident #4 was admitted with the diagnoses of depression, unspecified asthma, and chronic obstructive pulmonary disease. The Minimum Data Set (an assessment tool) dated 12/08/2023, documented the resident was cognitively intact, could be understood, and understand others.</p> <p>The facility's Abuse Prevention and Investigation Policy dated 6/27/2023 documented residents have the right to be free from exploitation and misappropriation of property.</p> <p>The facility's investigative report dated 8/10/2023 documented on 8/10/2023, Resident #4 notified Registered Nurse Supervisor of missing bank card from their side table drawer. It documented Resident #4 reported they received a notification on their phone of charges not authorized to a female clothing store. Resident #4 stated they witnessed Certified Nurse Aide #1 in their top drawer. When Resident #4 asked Certified Nurse Aide #1 why they were in their top drawer, Certified Nurse Aide #1 told Resident #4 that they were looking for Alevin. It further documented the police reviewed the footage from inside video and identified staff member. After further interview with Social Worker #1, Resident #4 noted their black check holder, cash approximate \$40.00, and 2 blank checks were missing.</p> <p>The police report dated 8/10/2023 documented they responded to report of petit larceny by Director of Nursing #1 who stated that a Certified Nurse Aide #1 was involved in a string of larcenies that occurred at the facility. Director of Nursing #1 stated they had a video of the incident. Resident #4 was interviewed and stated they were under the care of Certified Nurse Aide #1 when they noticed that several of their items went missing. Resident #4 stated they were missing bank card and 2 blank checks and was notified by their bank that 2 of their checks were cashed in the amount of \$726.00 and was also notified of several small charges being charged to the total amount of 76.89 without their authorization.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Progress notes dated 8/15/2023 by Social Worker #1 documented Resident #4 was more upset after being informed that the 2 blank checks stolen were cashed, one in the amount of \$600.00 and the other in the amount of \$134.00 from best buy.</p> <p>During an interview on 3/04/2024 at 10:20 AM, Resident #4 stated it was a weekday and did not remember the date when they noticed a staff member coming out of their room. Resident #4 stated when they asked the staff what they were doing in their room, the staff told them they were looking for Aleve in their drawer. They went online and found out that 2 checks were missing from their bank and was told a withdrawal of \$700.00 was made. They further stated they reported it to the nurse.</p> <p>During an interview on 3/04/2024 at 1:55 PM, Social Worker #1 stated Resident #4's reported to them that their bank card, 2 blank checks were missing some where in August 2023 but could not remember what date. Social Worker stated they reported the incident to Director of Nursing #1 and placed a call to the bank to cancel Resident #4's bank card and put a hold on the resident's account. They further stated, they helped Resident #4 filed a fraud report to the bank. They stated the facility concluded that Certified Nurse Aide #1 was the one that took Resident #4's money and was placed on Do Not Return list. They have tried to contact the police detective and had not been successful. Social Worker stated Certified Nurse Aide was able to cash \$600.00 and \$134.00 purchase from best buy.</p> <p>During an interview an interview on 3/04/2024 at 2:55 PM, Director of Nursing #1 it was reported to them by Social Worker #1 that Resident #4 was missing blank checks and money, Social Worker #1 contacted the police and reported to Department of Health. They stated the police had the video tape and they did not have a copy of it.</p> <p>During an interview on 3/04/2024 at 2:56 PM, Administrator #1 stated facility contacted law enforcement and the police came to the facility on [DATE], reviewed the footage from the inside video and identified Certified Nurse Aide #1. They stated they did not have a copy of the video, staff were educated on misappropriation annually and did not do any other education because Certified Nurse Aide #1 was identified. Administrator further stated they did not expect staff to steal from residents.</p> <p>10NYCRR 415.4(b)</p>		