STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335800	A. Building B. Wing	09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Nottingham R H C F	1305 Nottingham Road Jamesville, NY 13078

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, record review, and interviews during the recertification survey conducted 9/8/2025 - 9/12/2025, the facility did not ensure residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices for one (1) of one (1) resident (Resident #23) reviewed. Specifically, Resident #23 did not have a positioning device placed as ordered. Findings include:The facility was unable to provide a policy referencing positional devices. Resident #23 had diagnoses including Alzheimer's dementia and pain in the right-hand joints. The 8/7/2025 quarterly Minimum Data Set assessment documented the resident had severely impaired cognition, usually made themself-understood, usually understood others, and required maximum assistance with upper body dressing and personal hygiene.The 3/31/2025 unsigned Therapy Trigger form documented the resident had hand discomfort, and weakness of the right 3rd and 4th fingers. The 4/7/2025-5/4/2025 Occupational Therapist #13 Evaluation and Plan of Treatment documented the resident would increase compliance with orthotic management instructions to prevent contractures. Caregiver goals included to get range of motion and functional use back in the right hand and be able to use the sit to stand mechanical lift again to transfer. The resident was to use a palmar guard for contracture of right-hand 3rd and 4th digits. The resident was dependent for putting on and taking off the device. The 4/15/2025 physician order documented a right-hand palm guard placed by certified nurse aides in the AM and removed at bedtime per occupational therapy recommendations for contracture prevention. The nurse monitored for placement and removal every day and evening shifts for contracture prevention.The 5/22/2025 revised Comprehensive Care Plan documented the resident had activity of daily living self-care performance related to dementia. Interventions included right hand palm guard as resident tolerated. On during day hours, remove during meals, off during night, weekly skin inspections, physical therapy and occupational therapy evaluations and treatments as ordered, maximum assistance with upper body dressing, and anticipate and meet needs. The 9/11/2025 care instructions documented right hand palm guard as tolerated, on during day and removed at mealtimes and night hours. The resident removed the palm guard by themself, and staff were to reapproach.The following observations of Resident #23 were made: -on 9/8/2025 at 6:50 PM, sitting in a Broda (positioning) chair in their room. The resident's right index finger was contracted, and the finger curve resembled a hook. The resident did not have a palm guard on the right hand.-on 9/9/2025 at 9:41 AM, sitting in a Broda chair in their room. The resident was dressed and groomed, the right index finger had a hooked appearance, and there was no palm guard in their right hand. A palm guard was not observed in the room. -on 9/11/2025 at 10:31 AM, sitting in the unit common area in their Broda chair. The resident was dressed and groomed with no palm guard on the right hand. The resident's palm guard was observed on top of the nightstand in the resident's room. The 9/2025 Treatment Administration Record documented right hand palm guard to be placed by certified nurse aides on AM and removed at hour of sleep per occupational therapy recommendations for contracture prevention: nurse to monitor for placement and removal every day and evening shift. Licensed Practical Nurse Supervisor #10 signed the right palm guard was applied during the day from 9/8/202-9/11/2025. During an interview on 9/11/2025 at 1:42 PM, Certified Nurse Aide #11 stated resident specific care (continued on next page)

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was documented in the care instructions and care plan. Resident #23 had a palm guard that was listed in the care instructions. The palm guard was supposed to be put on by the Unit Supervisor. If the palm guard was not on by 10:30 AM, the aide was supposed to remind the nurse to put it on. The palm guard was used to prevent contractures, and the resident sometimes wiggled it off. The aide did not know why it was off on 9/11/2025 and did not remember if they told the Unit Supervisor. The aide noticed it was on the nightstand that day and thought the resident took it off and staff put it on the nightstand.During an interview on 9/11/2025 at 2:00 PM, Licensed Practical Nurse #12 stated resident specific care was in the care plan and care instructions. Any adaptive equipment such as a brace or palm guard should have a physician order, and nurses should sign for its use in the treatment administration record. They stated Resident #23 had a palm guard with a physician order. The treatment nurse should ensure it was on and sign for its use. During an interview on 9/11/2025 at 2:07 PM, Licensed Practical Nurse Supervisor #10 stated they were the daytime supervisor and the day shift treatment nurse. They were aware if a resident had adaptive equipment as it was listed in the treatment administration record and had to be signed for. They wrote out a list each morning of the treatments that needed to be done and tried to complete all the treatments prior to staff getting residents ready in the morning. Resident #23 removed the palm guard themselves at times and ended up in the resident's lap. They stated they should document when the resident removed it themselves but did not. They did not think they put the palm guard on the resident on 9/9/2025 as they had to leave that day for a personal reason and had already signed for it being done. They did not put the palm guard on 9/11/2025 and signed for the treatment. They stated they should only sign for it after they put the guard on. The purpose of the palm guard was to prevent the resident's right index finger contracture from worsening. During an interview on 9/11/2025 at 2:25 PM, Occupational Therapist #13 stated the purpose of palm guard was to prevent further decline of a contracture. The palm guard was listed in the resident's care plan, there was a physician order for it, and it should be signed for by staff in the treatment administration record. The therapist expected the guard to be used as ordered, and a rolled washcloth could be used in place if the guard was soiled and needed cleaning. A progress note should be written if the resident refused it. The resident's right hand was very stiff, the contracture was stable all week, and there would not be changes if the palm guard was not in place for a couple of days. The therapist stated they performed informal audits of its use while rounding the unit and did not notice it was not on, as the resident had a habit of removing it by themselves at times. 10NYCRR 415.12