

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45478</b></p> <p>Based on record review and interviews during the Recertification Survey and abbreviated survey (NY00323395) the facility did not ensure that each resident's representative was informed about appointments for 1 of 2 (Resident # 299) residents reviewed for notification. Specifically, Resident #299 was not seen at an orthopedic appointment due to not having an escort, and family was not contacted to accompany resident.</p> <p>Findings include:</p> <p>Resident #299 was admitted to the facility on [DATE] with diagnoses including a fracture of T9-T10 vertebra (thoracic spine), subsequent encounter for fracture with routine healing, diabetes, and congestive heart failure.</p> <p>The Admission Minimum Data Set (MDS) assessment dated [DATE] documented Resident #299's cognition was intact and the resident had a fall with fracture in the last 2-6 months.</p> <p>The physician order dated 8/9/23 documented resident may go out on pass with family or outside appointment.</p> <p>The Out of House Appointment and Transportation Worksheet dated 8/9/23, documented an orthopedic consult appointment date 9/7/23 at 9:30 AM, transport arranged with ambulette for pick up at 8:30 AM. A handwritten note at bottom of the worksheet noted not seen, must have nurse aide and images, never notified. The check boxes on the form for family notification and need for a CNA escort were left blank.</p> <p>When interviewed with the Unit Secretary (US) on 10/24/23 10:16 AM, unit secretary stated when the appointment 9/7/23 was set up they were unaware a nurse aide needed to go to the appointment.</p> <p>The US stated they knew the Out of House Appointment and Transportation Worksheet had a place to document family notification but stated they never filled the worksheet out completely. The US stated the physician's office did not provide instructions to send an aide and they did not know the aide was needed until after the resident went to the appointment. They also stated there was a shortage of staff to go with residents on appointments.</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:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 10/24/23 at 3:41 PM, the Director of Nursing (DON) stated the Unit Secretary called the physician/consultant's office to schedule outside appointments. The Unit Secretary coordinated with the facility scheduling person if the resident needed a nurse aide to go on the appointment. Residents were allowed to travel alone if able, but it was preferable to send the resident with staff or family to an appointment. The DON stated they were not aware Resident 299 missed the 9/7/23 ortho consult appointment due to lack of staff in attendance. The DON stated the Unit Secretary was responsible for getting the information for the appointment whether they needed an escort or a stretcher or anything specific. The DON reviewed the Out of House Appointment and Transportation Worksheets and stated the form was incomplete and the Unit Secretary should have asked the consultants office about specific requirements and should have noted if the family was notified.</p> <p>415.3(e)(2)(ii)(d)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48849</b></p> <p>Based on record review and interview conducted during the recertification and abbreviated surveys (# NY00317914) from 10/17 to 10/25/23, the facility did not ensure all injuries of unknown origin were thoroughly investigated and reported to the New York State Department of Health (NYSDOH) for 1 of 2 residents reviewed for abuse. Specifically, Resident #449 reported an unwitnessed fall and broken arm that was not thoroughly investigated to rule out abuse.</p> <p>Findings include:</p> <p>Resident # 449 was admitted on [DATE] with diagnoses including stroke, non-traumatic brain dysfunction, Parkinson's, and dementia.</p> <p>The Fall Risk assessment dated [DATE] documented the resident had intermittent confusion, required use of an assistive device for gait and balance, had a history of falls and was at high risk for falls.</p> <p>The Skilled Nursing Progress note dated 9/20/22 at 10:05 PM, documented Resident #449 was alert with periods of confusion and required contact guard and limited assistance with transfers and toileting.</p> <p>The facility Accident/Incident (A/I) Report dated 9/22/2022, documented:</p> <ul style="list-style-type: none"> <li>- Resident #449 reported to staff at 7:45 AM that they had a broken arm.</li> <li>- The day nurse was informed by the night nurse that the resident was complaining of a broken arm and was found to have a skin tear below the left knee and would not allow the arm to be assessed due to pain.</li> <li>- The resident had a bruise/hematoma to the right arm, and upper arm and elbow pain.</li> <li>- The resident reported they got themselves up after falling at an unknown time.</li> </ul> <p>The resident's statement, dated 9/22/22, and written by registered nurse (RN) #3 documented I fell during the night out of my bed and broke my arm. I got up really carefully.</p> <p>The nursing progress note dated 9/22/22 at 9:28 AM, documented the resident had an unwitnessed fall at an unknown time, and was observed in bed. The resident was guarding the right upper arm and refused staff to assess it. Pain scale was 8/10 (severe pain) to the right upper arm and there was a skin tear with minimal bleeding 2 centimeters hematoma below the left knee. The resident was sent to the hospital for evaluation. The resident did not give a statement regarding how the left knee skin tear occurred and was unable to explain why he got out of bed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Summary of Investigation Report, dated 9/22/22 and signed by RN #3 and Director of Nursing (DON) on 9/22/22, documented the resident stated he fell out of bed during the night and got back into bed unassisted and broke his arm. The resident was assessed and sent to the Emergency Department for evaluation of the right arm and hematoma with skin tear to below the left knee. The investigation did not check off if there was reasonable or no reasonable cause to believe that alleged resident abuse, mistreatment or neglect had occurred to the resident.</p> <p>The assigned certified nurse aide (CNA) #13 statement dated 9/27/22 (5 days after the injury of unknown origin) documented CNA #13 last saw the resident at 6:46 AM in bed when they assisted the resident to the bathroom and actively participated in the transfer. The transfer was a one person assist. Resident was applying pressure to wrist during his assists to the restroom throughout the evening and never mentioned feeling any discomfort or that a fall had occurred.</p> <p>The licensed practical nurse (LPN) #8 statement dated 9/27/22 (5 days after the injury), documented the resident was seen by LPN # 8 and the CNA multiple times during the night and the resident was able to put weight on both hands and arms. Late in the morning the resident said their arm was broken, resident was not found on floor at any time during the night. Range of motion of the arm was performed with good result and resident showed no signs of pain. When asked multiple times if they had any pain, the resident did not answer. LPN #8 passed on in report that the resident said their arm was broken so that on coming nurse would be aware.</p> <p>When interviewed on 10/24/23 at 03:53 PM, the DON stated the injuries of unknown origin were not further investigated based on the resident's statement and staff statements. The DON stated not checking the determination on the A/I report as to if it could be considered abuse or neglect was an oversight and they determined it was not abuse. Therefore it was not further investigated or reported to the NYSDOH.</p> <p>In summary, the facility did not ensure the injuries of unknown origin, including a broken arm and a skin tear with hematoma, were thoroughly investigated. There was no investigation as to how the resident fell from the bed or any environmental factor that could have contributed, or interviews with other staff or residents.</p> <p>10NYCRR 415.4</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45478</p> <p>Based on observation, record review and interview conducted during a recertification and abbreviated (NY00323392) survey, the facility did not implement a person-centered care plan with measurable objectives, time frames and appropriate interventions based on comprehensive assessments for 1 of 5 residents (Resident #299) reviewed for activities of daily living. Specifically, for Resident #299 there was a non-compliant care plan for the TLSO back brace, which had no documented goals or interventions.</p> <p>The findings are:</p> <p>Resident #299 was admitted to the facility on [DATE] with diagnoses including fracture of T9-T10 vertebra, subsequent encounter for fracture with routine healing, diabetes, and congestive heart failure.</p> <p>The Admission Minimum Data Set (MDS) assessment 9/5/23 documented the resident's cognition was intact and the resident had a fall with fracture in the last 2-6 months.</p> <p>The physician order dated 8/10/23 documented wear TLSO Brace when out of bed.</p> <p>The Non-compliant with TLSO Brace Care Plan dated 9/8/23 documented the resident refused to wear the TLSO brace. The goal documented the resident would be free of complications from non-compliance. There were no interventions, documented notes or updates on the care plan.</p> <p>When interviewed on 10/24/23 at 4:34 PM, Registered Nurse (RN) #2 stated the MDS Coordinators did care plans. RN #2 stated they was not the one who initiated the care plan and did not know why interventions were not put in place. RN #2 stated the care plan was initiated because the resident was non-compliant with the back brace and as a result of wife being upset, they encouraged the resident to wear the brace when out of bed. RN #2 stated the unit was busy with admissions, so the MDS coordinator assisted with creating the care plans.</p> <p>When interview on 10/24/23 at 5:06 PM, RN #3 stated that during morning report they discussed the resident's noncompliance and put in the care plan for noncompliance with the back brace. RN #3 stated the Unit Manager was supposed to put in the interventions and did not do so. RN #3 stated the Unit Manager was new to the position and was still learning.</p> <p>10 NYCRR 415.11(c)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>48847</p> <p>Based on observation, interview and record review conducted during the recertification survey from 10/17/23 to 10/25/23, the facility did not ensure that each resident who was unable to carry out activities of daily living (ADL) received the necessary care and services to maintain good personal hygiene for one (Residents #64) of five residents reviewed for ADL's. Specifically, Resident #64 was observed on multiple occasions with urine-soaked pants and on one occasion was observed not out of bed as planned.</p> <p>Findings include:</p> <p>Resident #64 was admitted with diagnoses including but not limited to vascular dementia, hypothyroidism, muscle weakness, and orthostatic hypotension.</p> <p>The Comprehensive Minimum Data Set (MDS - an assessment tool) dated 7/26/23, documented Resident #64 had severely impaired cognition, and required extensive assist of two with toileting and transfers.</p> <p>The 11/25/2020 urinary/bowel incontinence/UTI prevention care plan documented the resident was incontinent of bladder and was to be toileted. Interventions included incontinent cares every two hours and as needed, and to provide incontinence brief, care/toileting and to notify the doctor of any changes.</p> <p>The 10/17/2023 physician order documented out of bed to merry walker and remove for meals, hygiene, and toileting.</p> <p>The ADL function care plan, updated on 10/17/23, documented the resident required assistance with ADLs. The interventions included an early get up on the 11 PM-7 AM shift, and toileting/incontinent cares as scheduled and as needed.</p> <p>Resident #64 was observed on 10/18/23:</p> <ul style="list-style-type: none"> <li>- at 9:28 AM, in the hallway sitting in the Merri walker with urine-soaked pants.</li> <li>- at 10:42 AM, rolling up and down the hallway in the Merri walker with urine-soaked pants.</li> <li>- at 10:55 AM, in the hallway sleeping with urine-soaked pants while sitting in the Merri walker.</li> </ul> <p>When interviewed on 10/18/23 at 10:53 AM, certified nursing aide (CNA) #5 stated Resident #64 was gotten up by the 11 PM-7 AM shift and was already up out of bed when they started their shift at 7 AM. CNA #5 stated Resident #64 had not been changed since the start of their shift and would be provided care after lunch.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 10/18/23 at 10:56 AM, licensed practical nurse (LPN) #5 stated Resident #64 was to be taken out of bed during the 11 PM-7 AM shift. LPN #5 stated Resident #64 had not been toileted since the start of the 7 AM-3 PM shift and Resident #64 should be toileted every 2 hours and as needed.</p> <p>When interviewed on 10/23/23 at 11:19 AM, CNA #6 stated Resident #64 usually got up at 4 AM and did not get toileted until after lunch.</p> <p>When observed on 10/25/2023 at 10:08 AM, Resident #64 was awake and in bed.</p> <p>When interviewed on 10/25/2023 at 10:12 AM, CNA # 3 stated that Resident #64 was in bed at 7AM when the shift started and they did not know why the resident was in bed. CNA #3 stated Resident #64 was supposed to gotten up by the 11 PM to 7 AM shift according to their plan.</p> <p>When interviewed on 10/25/23 at 10:14 AM, LPN #3 stated Resident #64 was supposed to be an early get up, and did not know why they were not out of bed.</p> <p>When interviewed on 10/25/23 at 10:57 AM, LPN #5 stated that Resident #64 was supposed to be gotten out of bed by the night shift and was unaware the resident was still in bed.</p> <p>When interviewed on 10/25/23 at 11:03 AM, the DON stated that night shift was aware that Resident #64 was care planned to get out of bed on the 11PM-7 AM shift.</p> <p>10 NYCRR 415.12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48847</b></p> <p>Based on observation, record review, and interview during the recertification and abbreviated (NY00312435, NY00323395) surveys conducted 10/17/232023 - 10/25/2023, the facility did not ensure that residents received treatment and care in accordance with professional standards of practice for 3 of 8 residents (Resident #23, #299, and #105) reviewed for quality of care. Specifically, 1) Resident #23, had a physician order for Clonazepam (anxiety medication) and received an incorrect dose. 2) Resident #299 was sent to a medical appointment without an aide and the consultant physician refused to see the resident without an aide. 3) Resident #105 was administered crushed medications without a physician's order.</p> <p>Findings include:</p> <p>1.) Resident #23 had diagnoses including Alzheimer's disease, hyperlipidemia, and major depressive disorder. The Minimum Data Set (MDS) assessment dated [DATE] documented the resident had severe cognitive impairment, required extensive assistance of one for bed mobility and transfers, extensive assist of two with toileting, total assist of one with eating, was an antipsychotic and antidepressant on a routine basis.</p> <p>The facility's policy titled Medication Administration dated 12/16 and revised on 01/2022, documented that all medications needed to be administered in a safe and systematic way. When an order is discontinued, it will be removed from EMAR/ETAR as per protocol</p> <p>The physicians order dated 5/10/23, documented Clonazepam 0.25 milligram (mg) disintegrating tablet to be placed on top tongue where it will be dissolved, then swallow by oral route three times a day for anxiety disorder.</p> <p>Medical progress note dated 5/12/23 written by NP #1, documented the nurse manager reported the resident received Clonazepam 0.5mg and not the prescribed dose of Clonazepam 0.25mg twice today, and the higher dose was what Resident #23 was previously taking, until yesterday when it was reduced to 0.25mg due to lethargy.</p> <p>A Medication discipline warning notice dated 5/16/23, documented LPN #2 performed a medication error on 5/11/23.</p> <p>When interviewed on 10/25/23 at 12:32 PM, LPN #5 stated that on 5/11/23, Resident #23 received Clonazepam 0.50 mg and not the prescribed dose of Clonazepam 0.25mg, and a medication discipline warning notice for a medication error was given to LPN #2.</p> <p>When interviewed on 10/25/23 at 12:38 PM, LPN #2 stated that on 5/11/23, Resident #23 was given Clonazepam 0.50 mg and not the prescribed dose of Clonazepam 0.25mg, and that a medication discipline warning notice for a medication error was received. LPN #2 stated that nurses must verify all physician orders before a medication is given to residents.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 10/25/23 at 01:40 PM, the DON stated that a medication discipline warning notice for a medication error was given to LPN #2 for administering Clonazepam 0.50 mg to Resident #23 and not the prescribed dose of Clonazepam 0.25mg.</p> <p>2) Resident #299 was admitted to the facility for short term rehabilitation on 8/9/23 with diagnoses including fracture of T9-T10 vertebra, diabetes, and congestive heart failure.</p> <p>The Admission Minimum Data Set (MDS) assessment 9/5/23 documented the resident's cognition was intact and the resident had a fall with fracture in the last 2-6 months.</p> <p>The physician order dated 8/9/23 documented resident may go out on pass with family or outside appointment.</p> <p>The Out of House Appointment and Transportation Worksheet dated 8/9/23, documented Resident #299 was scheduled for an orthopedic consult appointment on 9/7/23 at 9:30 AM, and transport was arranged with ambulette for pick up at 8:30 AM. A handwritten note at bottom of the worksheet noted not seen, must have nurse aide and images, never notified. The check boxes on the form for family notification and the need for a CNA escort were left blank.</p> <p>When interviewed on 10/24/23 10:16 AM, the Unit Secretary stated when the appointment for 9/7/23 was set up, they were unaware a nurse aide needed to go to the appointment. They stated they were notified the resident could not be seen without an aide after the appointment. The US stated they knew the Out of House Appointment and Transportation Worksheet had a place to enter if a CAN escort was needed and place to document family notification, but stated they never filled the worksheet out completely. The US stated the physician's office did not provide instructions to send an aide and they did ask if one was needed. They also stated there was a shortage of staff to go with residents on appointments.</p> <p>When interviewed on 10/24/23 at 3:41 PM, the Director of Nursing (DON) stated the Unit Secretary was responsible for calling the physician/consultant's office to schedule outside appointments. The Unit Secretary needed to coordinate with the facility scheduling person if the resident needed a nurse aide to go on the appointment. The DON stated they were not aware Resident #299 was not seen at the 9/7/23 ortho consult appointment due to a lack of staff in attendance. The DON stated the Unit Secretary was responsible for getting the information for the appointment whether they needed an escort or a stretcher or anything specific. The DON reviewed the Out of House Appointment and Transportation Worksheets and stated the form was incomplete and the Unit Secretary was responsible for completing the form in full.</p> <p>3) Resident #105 had diagnoses including vascular dementia, depressive disorder and generalized anxiety disorder.</p> <p>The Quarterly Minimum Data Set (MDS - an assessment tool) dated 8/19/2023, documented that Resident #105 had moderately impaired cognition.</p> <p>The physician order dated 10/22/2023 documented the resident was to be given fluids with medication pass every shift, and was on a regular diet and consistency, and thin liquids.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The polypharmacy care plan dated 12/6/2022, documented an intervention for the administration of medications as prescribed by the physician or nurse practitioner.</p> <p>On 10/17/23 at 10:06 AM, licensed practical nurse (LPN) # 4 was observed giving Resident #105 crushed medications. LPN #4 stated that Resident #105 was given crushed medications because they had a cough.</p> <p>Resident 105's October 2023 Medication Administration Record (MAR) revealed 10 AM medications included Entresto 24mg-26 mg tablet, enteric coated aspirin 81 mg delayed release tablet, and acetaminophen 325 mg tablet. There were no instructions to crush medications.</p> <p>During an interview on 10/23/23 at 10:16 AM, LPN #4 stated Resident #105 was supposed to receive their medications whole and with liquids. LPN #4 stated that there were no orders in place for the resident to receive crushed medications and they were not supposed to crushed medications without a physician order.</p> <p>During an interview on 10/23/23 at 10:52 AM, licensed practical nurse unit manager (LPNUM) #5 stated that in order to give crushed medications a doctor order was required. LPN # 5 stated they were not aware that Resident #105 had a cough or that the nurse was crushing Resident # 105's medications.</p> <p>During an interview on 10/23/23 at 11:35 AM, medical doctor (MD) #1 stated that it was not acceptable to crush medications without a physician order. MD #1 also stated they did not know that Resident #105 had a cough and if residents were having difficulties with medication administration, the nurse should notify the doctor immediately.</p> <p>10NYCRR 415.12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0728</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurse aides who have worked more than 4 months, are trained and competent; and nurse aides who have worked less than 4 months are enrolled in appropriate training.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45478</b></p> <p>Based on review of facility records, observation and interview during the recertification and abbreviated surveys (#NY00311199), from [DATE] through [DATE], it was determined the facility did not ensure any individual working in the facility as a nurse aide for more than 4 months was competent to provide nursing and nursing related services, for 7 of 7 staff (Training Nurse Aide (TNA) #1-#7) reviewed for training. Specifically, TNAs were employed by the facility and functioned in the role of a nurse aide for greater than 4 months without receiving nurse aide certification.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS) published a quality, safety and oversight memorandum (QSO-d+[DATE]-NH-TLTC-LSC), originally dated [DATE], which documented that previous staffing waivers allowing nurse aides to work for greater than 4 months without completing a state-approved nurse aide competency evaluation program or passing an oral or written exam expired on [DATE], which required facilities to ensure that anyone functioning as a nurses aide in the facility completed a State approved nurse aide training program and oral/written examination within 4 months of hire.</p> <p>Review of facility records revealed 7 staff were functioning as full-time nurse aides without certification. This included:</p> <ul style="list-style-type: none"> <li>-TNA #1 was hired as a training nurse aide on [DATE].</li> <li>-TNA #2 was hired as a training nurse aide on [DATE].</li> <li>-TNA #3 was hired as a training nurse aide on [DATE].</li> <li>-TNA #4 was originally hired by the facility on [DATE] and began functioning as a training nurse aide on [DATE].</li> <li>-TNA #5 was hired as a training nurse aide on [DATE].</li> <li>-TNA #6 was hired as a training nurse aide on [DATE].</li> <li>-TNA #7 was hired as a training nurse aide on [DATE].</li> </ul> <p>During an interview on [DATE] at 12:12 PM, the Director of Human Resources stated TNA's functioned as certified nurse aides (CNA). The Director of Human Resources stated they were aware the waiver was listed and believed the TNAs were permitted to work until [DATE], and they had been giving the TNAs verbal reminders to complete their CNA certification since [DATE].</p> <p>During an interview on [DATE] at 11:59 AM, the Director of Nursing (DON) stated they expect nurse aides were competent and certified prior to performing care on residents. The DON stated they were aware they had non-certified nurse aides working and stated staffing was a major problem at the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0728  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	10NYCRR 415.26(c)(2)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45478</b></p> <p>Based on staff interview and review of facility records during the recertification and abbreviated surveys (NY311199) from 10/17 to 10/25/23, it was determined the facility did not ensure each certified nurse aide received twelve hours of in-service education per year, based on their individual performance review for 4 of 8 CNAs (CNA #8, #9, #10 and #11) reviewed for inservices. Specifically, CNA #8 lacked 6 hours of training; CNA #9 lacked 10 hours of training; CNA #10 lacked 8.5 hours of training, and CNA #11 lacked 7 hours of training; and all 4 CNAs lacked an annual performance evaluation.</p> <p>Finding Include:</p> <p>Review of the facility records for in-service education, provided by the Infection Control Nurse/Educator (IP) #1, revealed:</p> <ul style="list-style-type: none"> <li>- CNA #8 received 6 hours of in-service in 2023, and the last performance evaluation was completed 12/12/20.</li> <li>- CNA #9 received 2 hours of in-service in 2023, and the last performance evaluation was completed 9/7/22.</li> <li>- CNA #10 received 3.5 hours of in-service in 2023, and the last performance evaluation was completed 2/12/20.</li> <li>- CNA #11 received 5 hours of in-service in 2023, and the last performance evaluation was completed 7/2/21.</li> </ul> <p>When interviewed on 10/20/23 at 4:07 PM and on 10/25/23 at 2:41 PM, IP #1 stated that all in-services were provided and there were no more documented inservices for CNAs #8, 9, 10, and 11. IP #1 stated in-services were not completed due to the pandemic as no one was meeting at that time.</p> <p>When interviewed on 10/25/23 at 4:03 PM, CNA #8 stated they had been employed at facility for [AGE] years and that the last evaluation they had was about 2-3 years ago and they were supposed to be evaluated every year.</p> <p>When interviewed on 10/25/23 at 4:05 PM, the Director of Nursing (DON) stated they inherited what was not completed. The DON stated the Nurse Managers did the evaluations for the CNAs and they were behind. DON stated were working on catching up the in-service/education and evaluations.</p> <p>10NYCRR 415.26(c)(2)(iii)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>48045</p> <p>Based on observations, record review, and interviews conducted during the recertification survey from 10/17/23 to 10/25/23, the facility did not ensure a medication error rate of no more than 5%, during a medication administration observation, when 3 of 25 opportunities (12%) resulted in error and impacted 2 of 6 residents (Resident #132 and #136). Specifically, 1) Resident # 132 was administered Metoprolol Extended Release Tablet crushed instead of whole, and 2) Resident #136 was administered medication through a feeding tube without flushing between 2 medications.</p> <p>The findings are:</p> <p>The facility's policy titled Medication Administration dated 12/16 documented that nurses should double check and ensure all medications were administered to patient/resident as per MD order.</p> <p>1. Resident #132 was admitted to the facility with diagnoses including but not limited to diabetes, chronic kidney disease, and heart failure.</p> <p>The current physician order as of 10/23/23, documented to administer metoprolol succinate ER 50 milligram tablet extended-release 24 hr, by mouth once daily for ventricular tachycardia and heart failure.</p> <p>The current physician order as of 10/23/23 documented Resident #132 received a regular diet, with liquids of thin consistency allowed.</p> <p>The Food and Drug Administration Drug Data Guide (NDA 19-962/S-032), last revised 3/2006, documented Metoprolol succinate extended-release tablets are scored and can be divided; however, the whole or half tablet should be swallowed whole and not chewed or crushed.</p> <p>During a medication administration observation on 10/23/23 at 9:44 AM, Licensed Practical Nurse (LPN) #4 was observed crushing Resident #132's metoprolol extended release 50 mg tablet prior to mixing the medication with pudding and administering to Resident #132.</p> <p>During an interview on 10/24/23 at 9:41 AM, LPN #4 stated they crush all the resident's pills regardless of whether or not they can swallow or the physician's order, because all of the residents on the unit have dementia and none of them swallow whole pills.</p> <p>2. Resident #136 was admitted to the facility with diagnoses including cerebral palsy, dysphagia, and heart failure.</p> <p>The current physician order as of 10/23/23 documented Resident #136 receives 30 milliliters (mL) Prostat three times daily via their feeding tube, and baclofen 20 mg three times daily through their feeding tube.</p> <p>During a medication administration observation on 10/23/23 at 2:48 pm, LPN #7 was observed not flushing Resident #136's feeding tube with water between the administration of the Prostat and the Baclofen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/23/23 at 2:50 PM, LPN #7 was unable to provide reasoning why they did not flush Resident #136's feeding tube between giving separate medications.</p> <p>During an interview on 10/24/23 at 9:58 AM, the Director of Nursing (DON) stated medications should be given in accordance with professional standards and physician orders. The DON stated extended-release medications should not be crushed and feeding tubes should be flushed between the administration of different medications.</p> <p>10NYCRR 415.12(m)(1)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>48045</p> <p>Based on observation, interview, and record review during the recertification survey conducted 10/17/23 through 10/25/23, the facility did not ensure drugs and biologicals were stored in accordance with currently accepted professional principles for 2 of 4 medication carts (Cedar and Apple). Specifically, medications were not stored in a clean environment on medication carts located on the Cedar and Apple units and undated/expired drugs and biologicals were discovered on medication carts of the Cedar and Apple unit.</p> <p>Findings include:</p> <p>A facility policy titled, Medication Storage, last revised 4/2014 documented medications should be stored in an orderly, organized manner in a clean area and that expired/discontinued/contaminated medications will be removed from the medication storage areas and disposed.</p> <p>During a medication storage observation on 10/24/23 at 5:30 PM, with Registered Nurse (RN) #2, the following was observed on the Cedar Unit medication cart:</p> <ul style="list-style-type: none"> <li>-1 undated, opened tobramycin eye drops</li> <li>-1 undated, opened bottle of olopatadine eye drops</li> <li>-1 undated, opened bottle of bacitracin ophthalmic ointment</li> <li>-1 undated, opened bottle of Latanoprost eye drops</li> <li>-1 daily probiotic supplement with an expiration date of 10/6/2023</li> <li>-1 undated, opened bottle of Geri-Lanta</li> <li>-2 undated, opened bottles of Chlorohexidine Gluconate oral rise solution</li> <li>-1 opened bottle of ferrous gluconate with a date of 6/6/22 written on the bottle</li> <li>-1 opened, undated bottle of carbamazepine</li> </ul> <p>-Excessive amounts of debris including medication wrappers, mouth swabs, used medication packaging, multiple unpackaged and unlabeled pills were noted to be covering the bottom and sides of the medication cart drawers, in addition to multiple unidentifiable sticky residue and debris.</p> <p>During an interview on 10/24/23 at 5:40 PM, RN #2 stated nurses should be cleaning the medication carts weekly and the facility's pharmacy consultant should have caught the expired/undated medications during their monthly visits.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335824	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/25/2023
NAME OF PROVIDER OR SUPPLIER  Putnam Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  46 MT Ebo Road North Brewster, NY 10509	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a medication storage observation on 10/24/23 at 6:38 PM with LPN #3, the following was observed on the Apple Unit medication cart:</p> <ul style="list-style-type: none"> <li>-An unidentifiable pill in an unlabeled pill-crusher sleeve was observed on the bottom of the 2nd drawer</li> <li>-1 bottle of NUTRI-Stat dated 7/1/23</li> <li>-1 bottle of NUTRI-Stat dated 8/10/23 with a grimy, sticky substance covering the bottle</li> <li>-3 opened, undated bottles of Chlorahexidine Gluconate oral rinse solution</li> <li>-1 bottle of polyvynil alcohol lubricating eyedrops with a date 9/8 written on the outer bag</li> <li>-1 bottle of artificial tears with a date 8/3 written on the outer bag</li> <li>-Multiple unidentifiable, sticky residue and debris were observed on the bottom of the medication cart</li> </ul> <p>During an interview on 10/24/23 at 6:50 PM, LPN #3 stated nurses were supposed to be cleaning the medication carts and removing expired/undated medications.</p> <p>During an interview on 10/24/23 at 7:23 PM, the Director of Nursing (DON) stated staff should be dating bottles when opened and should be cleaning the medication carts routinely. The DON stated medications should have been discarded 30 days after opening.</p> <p>10 NYCRR 415.18 (d)</p>		