

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335825	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/16/2024
NAME OF PROVIDER OR SUPPLIER The Brook at High Falls Nursing Home and Rehab Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 2150 St Paul Street Rochester, NY 14621	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45200</p> <p>Based on observations, record review, and interviews conducted during an Abbreviated Survey (NY00316809, NY00322695, NY00327824, NY00328450, NY00326411, and NY00330622) for one of one resident-use floor the facility did not provide an environment designed, constructed, equipped, and maintained to provide a safe, healthy, functional, sanitary, and comfortable home like environment. Specifically a railing on an exit ramp was deteriorated and unsafe, a door threshold transition strip was missing, walls were damaged, there were broken floor tiles in a resident room, resident room windows could not be opened due to missing handles, and there was a hole in the carpet in a resident room. The findings are:</p> <p>Observations on 2/14/24 at 8:41 AM included a concrete ramp on the northeast side of the building with a metal handrail, a support rail running down the ramp, and seven metal support posts. Of the seven support posts only two were observed to be attached to the ramp. The other five support posts were heavily corroded at the bottom and had gaps of up to an inch between the base of the rusted support posts and the ramp surface. The entire handrail was observed to wobble from side to side when contacted. The designated exit from the corridor nearest resident rooms #22 and #23 was observed to lead to this ramp and exit discharge pathway. In an interview on 2/14/24 at 12:37 PM the Nurse Manager stated that there are nine residents that are able to ambulate independently.</p> <p>In an interview on 2/14/24 at 9:03 AM the Director of Environmental Services stated that they had brought the ramp handrail problem up in their safety meetings.</p> <p>In an interview on 2/14/24 at 9:05 AM the Facilities Director stated that they plan on replacing the whole ramp, and a vendor told them that the entire ramp had to be destroyed and rebuilt. The Facilities Director stated that they cannot do that in the winter.</p> <p>In an interview on 2/14/24 at 9:08 AM the Administrator stated that they plan to remodel in about a month, including redesigning the therapy gym, fixing windows, and the ramp. The Administrator also stated that they have an architect and are still in the planning stage and have not entered their information into the New York State Electronic Certificate of Need website. When asked for a copy of the renovation plan, the Administrator stated that they do not have the plans yet, but the architect came on 2/6/24 for the blueprints and a designer will be in next week.</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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations on 2/14/24 at 12:02 PM included a door threshold transition strip was missing from between the corridor floor tiles and the carpet at the entrance to resident room [ROOM NUMBER]. Additionally in room [ROOM NUMBER] there was a large missing section of horizontal wall protective material near the head of the two beds.</p> <p>Observations on 2/14/24 at 1:33 PM included broken floor tiles in resident room [ROOM NUMBER] by the bed. The damaged sections of the tiles were approximately an inch wide, another had approximately half of the tile missing, and another had a circular gouge approximately three inches across.</p> <p>Observations on 2/14/24 at 1:40 PM included the windows in resident rooms #21, #20, #8, #7, #5, #4, and #1 were not equipped with a handle or other mechanism to allow them to open. During an interview at this time the Director of Environmental Services stated that they did not know why the handles were missing.</p> <p>Observations on 2/14/24 at 1:47 PM included two sections of wall damage behind the bed closest to the door in resident room [ROOM NUMBER] that measured approximately 6 inches by 4 inches. Additionally in this room was an approximately one inch by two-inch hole in the carpet near the bottom of the bed.</p> <p>10NYCRR: 415.29, 415.29(a), 415.29(c), 415.29(i)(1), 415.29(j)(1),</p> <p>10NYCRR: 713-2.5(b)(3)</p>

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45200</p> <p>Based on observations, interviews, and record review conducted during an Abbreviated Survey (complaint #s NY00333143, NY00316809, and NY00330622) for one of one resident floor and two of two basements, the facility did not maintain an effective pest control program. Specifically, there was evidence of rodent activity and pest harborage areas within the facility. The findings are:</p> <p>In an interview on 2/14/24 at 9:04 AM the Facilities Director stated that they have a mouse problem that has been going on for a long time, and the pest vendor comes once a month. The Administrator stated that they had a plan to renovate which included fixing doors to take care of the mouse problem.</p> <p>In an interview on 2/14/24 at 9:45 AM Resident #5 stated, you are probably looking for [NAME]. Resident #5 stated that [NAME] is what they named the mouse that comes to visit periodically and sometimes come out from under the sink. Observations at this time included numerous small brown mouse droppings inside a cabinet under the sink in resident room [ROOM NUMBER]. Additionally, there was an approximately one half-inch unsealed annular space around the sink drainpipe extending through the floor.</p> <p>Observations in the kitchen on 2/14/24 at 10:00 AM included three small brown mouse droppings in the back corner of the pantry by the right-side shelves. Additionally, there was an unsealed opening underneath the kitchen exit door which could serve as an entrance point for mice and other pests, and light from the outside was visible.</p> <p>In an interview on 2/14/24 at 11:18 AM the Administrator stated they did not have a pest sighting log but that they do have a maintenance log where that information could be entered.</p> <p>Record review on 2/14/24 at 11:20 AM included several pest vendor service reports from 8/24/23 through 1/25/24. A report dated 9/28/23 included a statement that the back door in the kitchen was repaired but still is not rodent proof, and the basement door is not rodent proof. A report dated 10/26/23 included a statement that the back kitchen door and the basement door were not rodent proof. A report dated 11/10/23 included that several snap traps were set in the office basement where three mice were spotted. A report dated 1/25/24 included statements that the basement door is not rodent proof and propped open doors are easy access for rodents.</p> <p>Observations in the kitchen dish room on 2/14/24 at 12:05 PM included a pipe from the mechanical dishwasher extending through the wall towards the kitchen/pantry area. There was an unsealed opening in the wall approximately two-inches long and one-inch wide on each side of the pipe allowing for harborage and movement of rodents and other pests.</p> <p>In an interview on 2/14/24 at 12:10 PM Resident #5 stated that they saw a mouse about 5:30 AM today and it ran under their bed, and they have seen it at least three times. Resident #5 stated that a family member had come to visit, and a mouse ran down the hall.</p> <p>(continued on next page)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 2/14/24 at 1:40 PM Resident #13 stated that they had seen mice in their room and on the bed, and the last one they saw was about a month ago. Observations at this time included small brown mouse droppings on the floor in the corner below the head of the bed in resident room [ROOM NUMBER].</p> <p>Observations on 2/14/24 at 2:00 PM included small brown mouse droppings under a metal shelf in the basement kitchen supply room by the wall near the door to the room. Additionally, the back exit door in the basement had a metal strip across the bottom. In an interview at this time the Director of Environmental Services stated that the door would not close properly.</p> <p>10N YCRR: 415.29(j)(5)</p>		