STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335843	A. Building B. Wing	10/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Our Lady of Peace Nursing Care Residence	5285 Lewiston Road Lewiston, NY 14092

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 0607 Level of Harm - Potential for minimal harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 36415 Based on interview and record review during the Standard survey completed on 10/15/24, the facility did not implement written policies and procedures for screening employees, that would prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. Specifically, two (Employee #5, Agency Licensed Practical Nurse and Employee #7, Nutritional Services Aide) of 13 employees that worked in the facility and were subject to the New York State Nurse Aide Registry verification, were reviewed through the New York State Nurse Aide Registry prior to their employment as required. The findings are: 1a. The policy and procedure titled Contingent Worker last approved and last reviewed 9/6/21 documented Contingent Workers include but are not limited to: Agency Workers. Contingent Worker workforce will be tracked in the Human Capital Management System (HCMS) to meet regulatory requirements and manage facility and system access. Appropriate use of Contingent Workers. Contingent Workers generally should be used to provide services for which the Ministry does not otherwise employ resources (e.g., catering, landscaping, maintenance), or when a short-term need for additional resources or special skills exists and the hiring of additional employees is not warranted (e.g., seasonal, high census coverage, immediate need, etc.). Drug Testing and Background Check Requirements for Contingent Workers. Background Checks shall be conducted in accordance with the following: The Third Party who supplies the Contingent Worker must conduct background checks related to criminal history, employment, education, OIG (Office of Inspector General), GSA (General Services Administration) , FDA (Food and Drug Administration) debarment status and the required licenses or certifications (such as MVR (Motor Vehicle Records) and DEA (Drug Enforcement Agency) of a Contingent Worker provided the Ministry to the full extent permitted by federal, state, or local law. When there is not a Third Party, Ascension provides the services as the agency. Background checks must be successfully completed prior to the Contingent Worker's commencement date at the Health Ministry. Criminal History Requirements. Ascension strives to maintain safe and secure working environments for all colleagues, customers, business partners, visitors, and guests. All Third Parties are required to verify criminal records to ensure that Contingent Workers do not pose a safety or security risk to Ministry sites, property, or personnel. If, during an assignment, a disqualifying offense is committed by a Contingent Worker, the Third-Party who is supplying the Contingent Worker must notify the Ministry and determine the appropriate action. The policy contained no documentation regarding the New York State Nurse Aide Registry verification process. (continued on next page)

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

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F 0607 Level of Harm - Potential for minimal harm Residents Affected - Some	Review of Employee #5's (Agency Licensed Practical Nurse) personnel file revealed the employee was hired on 7/14/24. Review of the time sheet information provided by the facility revealed Employee #5 worked in the facility on 7/14/24 from 3:00 PM to 11:00 PM. Review of the New York State Nurse Aide Registry Verification Report for Employee #5 revealed the verification date of the report was 7/23/24. During an interview on 10/10/24 at 11:02 AM, the Associate Experience Advisor stated Employee #5 was an Agency Licensed Practical Nurse, their hire date was 7/14/24, and the employee worked in the facility on 7/14/24. The Associate Experience Advisor further stated the Nurse Aide Registry Verification Report for Employee #5 had been completed on 7/23/24 and the facility had no other evidence that verified a Nurse Aide Registry Verification Report had been completed for the employee before 7/14/24. 1b. The policy and procedure titled New Hire Procedure last approved date 6/4/24 documented the purpose was to establish proper and consistent recruiting and hiring processes, that comply with all federal, state, and local laws and/ or regulations and to attract the most qualified Associates for all approved vacancies. It is the responsibility of the Human Resources department to establish and maintain effective and efficient processes for the recruitment, screening, and employment of the applicants to fill all job vacancies. The hiring process for Contingent Workers is out of scope of this policy and follows a different process. Onboarding. Background checks. Human Resource Talent Acquisition is responsible for coordinating a background check on the selected applicant(s) in consideration. Background checks will include, but are not limited to, verification of employment, education, and professional references. The policy contained no documentation regarding the New York State Nurse Aide Registry verification process. Review of Employee #7's (Nutritional Services Aide) personnel file revealed the employee was hired on 6/25/24. Review of the Direct Supervision of Temporary Employee sheets for Employee #7 revealed they worked in the facility on 6/25/26 from 8:00 AM to 4:00 PM and on 6/26/24 from 11:30 AM to 7:30 PM. Review of the New York State Nurse Aide Registry Verification Report for Employee #7 revealed the verification date was 6/27/24. During an interview on 10/10/24 at 12:10 PM, the Associate Experience Advisor stated Employee #7 was a Nutritional Services Aide, their hire date was 6/25/24, and the employee worked in the facility on 6/25/24 and 6/26/24. The Associate Experience Advisor stated the Nurse Aide Registry Verification Report for Employee #7 had been completed on 6/27/24 and the facility had no other evidence that verified a Nurse Aide Registry Verification Report had been completed before 6/27/24. The Associate Experience Advisor stated the only documentation the facility had for the dates that Employee #7 worked in the facility was documented on the Direct Supervision of Temporary Employee sheets for the employee. During an interview on 10/11/24 at 1:57 PM, the Director of Nutrition stated Employee #7 worked at the Facility as a [NAME] delivering food to the resident units. 10 NYCRR 415.4(b)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36415 Based on observation, interview, and record review conducted during a Standard survey completed on 10/15/24, the facility did not ensure that residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for two (Resident #66 and #100) of four residents reviewed. Specifically, Resident #66 was not assisted with removing unwanted facial hair. Resident #100 did not receive incontinent care in a timely manner, received incomplete incontinent care, and staff did not complete proper glove changes and hand hygiene during care. Additionally, moisture barrier cream was not applied to Resident #100 per their care plan. The findings are: The policy and procedure titled AM and HS (morning and night) Care, dated 12/2023, documented during morning care staff are to assist with shaving based on preference/need. The policy documented to wash resident's genital area and buttocks and apply moisture barrier as indicated. The policy and procedure titled, Peri Care revised on 12/2017 documented the purpose of this procedure was to provide cleanliness and comfort to the resident, to prevent infections and skin irritation, and to observe the residents skin condition. Wash the perineal (area of the body between the anus and genitalia) area, wiping from front to back and wash area downward from front to back. Assist or instruct the resident to turn on their side, wipe the rectal area thoroughly, wiping from the base upward and extending over the buttocks. Dry the area thoroughly, remove gloves and discard into designated container. Perform hand hygiene before touching any clean objects. The policy and procedure titled Hand Hygiene, revised on 5/2023, documented hand hygiene was the single most important practice to prevent infections and promote resident safety. Hand hygiene is practiced after contact with blood, body fluids or contaminated surfaces. The policy documented hand hygiene is practiced before moving from work on a soiled body site to a clean body site on the same resident. 1. Resident #66 had diagnoses including unspecified dementia, hypertension (high blood pressure), and type 2 diabetes (body has trouble controlling blood sugar and using it for energy). The Minimum Data Set (a resident assessment tool) dated 8/21/24 documented Resident #66 was severely cognitively impaired, was usually understood and usually understands, required supervision for personal hygiene, and had no behaviors that included refusals of care. The comprehensive care plan dated 4/28/2022 documented Resident #66 needed assistance with daily activities of daily living care. Interventions included supervision assistance with set up staff support for personal hygiene. The Certified Nurse Aide worksheet (guide used by staff to provide care) dated 8/21/24 documented staff were to anticipate needs on routine rounding for Resident #66. Review of Nursing Progress notes dated 9/3/24 to 10/7/24 revealed there was no documented evidence that Resident #66 refused to be shaved. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 10/7/24 at 10:25 AM, Resident #66 had multiple gray and white facial hairs (0.25-0. 5 inches) on their upper lip and multiple long white hairs (0.5 -1 inch) present on their chin. During an observation and interview on 10/7/24 at 11:27 AM, Resident #66' facial hair remained. Resident #66's spouse stated Resident #66 did not like the facial hair and staff have never asked or attempted to shave it. During intermittent observations on 10/8/24 at 8:21 AM, 10/8/24 at 3:38 PM, and 10/9/24 at 8:36 AM, Resident #66 continued to have long facial hairs to their upper lip and chin. During an observation and interview on 10/9/24 at 8:37 AM, Certified Nurse Aide #6 provided morning care to Resident #66. Certified Nurse Aide #6 combed Resident #66's hair then wheeled Resident #66 into the dining area. Certified Nurse Aide #6 returned to the room and started to pick up dirty linen. Certified Nurse Aide #6 did not offer or attempt to remove Resident #66's facial hair, before the completion of morning care. During an interview on 10/9/24 at 8:58 AM, Certified Nurse Aide #6 stated they were finished with care for Resident #66. Certified Nurse Aide #6 stated they noticed the facial hair on Resident #66 and should have asked them if they would like to be shaved. During an interview on 10/9/24 at 11:36 AM, Registered Nurse #2 Unit Manager stated they expected the Certified Nurse Aide to ask residents if they would like to be shaved daily with care and shaving should be done automatically weekly on shower days. During an interview on 10/10/24 at 1:39 PM, the Director of Nursing stated they expected morning care to involve shaving when facial hair is noticed and as long as the resident wanted it done. During an interview on 10/15/24 at 12:54 PM, the Director of Nursing stated there was not a facility educator at the time and the Director of Nursing and Assistant Director of Nursing were filling in as educators. The Director of Nursing stated staff were educated annually and as part of their competencies, and shaving was included in these educations. 2. Resident #100 had diagnoses including unspecified dementia, history of transient ischemic accident (a blockage of blood flow to the brain), and spinal stenosis (the space inside the backbone is too small causing pressure on the spinal cord and nerves that travel through the spine). The Minimum Data Set, dated dated dated [DATE], documented that Resident #100 had moderate cognitive impairment, could sometimes understand and could sometimes be understood by others. Resident #100 was incontinent of bowel and bladder and required substantial/maximal assistance for toileting and personal hygiene. Review of the comprehensive care plan dated 9/21/24 documented Resident #100 had the potential for skin breakdown related to a history of pressure ulcers. Skin will remain clean, dry, and free of breakdown related to incontinence. Interventions included perineal cleansing, to apply protective skin barrier after each incontinent episode, and to check and change per protocol. Resident #100 was care planned to be toileted prior to laying down for a nap. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A continuous observation on 10/10/24 from 9:50 AM to 10:30 AM of Resident #100 revealed the following: at 9:50 AM Resident #100 was sitting in the common area in front of the television, yelling out, Hey, I have to go to the bathroom, and was trying to get out of their wheelchair, they kept repeating themselves stating, Hello, I have to go to the bathroom. There were not any staff visible in the area to assist the resident. At 10:01 AM, Resident #100 stated repeatedly, Oh boy, oh come on. Certified Nurse Aide #1 was seated ten feet away and did not respond to the resident. At 10:30 AM Resident #100 was taken down to the 2nd floor to participate in activities and was not toileted prior. During an interview and an observation on 10/10/24 at 10:45 AM, Resident #100 was in the 2nd floor activities room, when asked if they had been toileted yet, they stated no. During an interview on 10/10/24 at 12:39 PM, a family member of Resident #100 stated the resident had not been toileted yet and the staff kept the resident parked in front of the television all the time. They stated when Resident #100 had to go to the bathroom they would need to be taken promptly but the staff do not respond soon enough. They stated the resident sat in their soiled brief for hours and caused the resident to get many urinary tract infections since they were admitted to the facility. During an observation of incontinent care on 10/10/24 at 1:08 PM, Resident #100 was taken into their room by Certified Nurse Aide #1 and Certified Nurse Aide #2 after a visitor requested the resident be taken to the restroom. Certified Nurse Aide #2 gathered supplies, filled a basin with water and applied clean gloves. The resident was transferred into their bed by the two staff members using a mechanical lift, a strong urine and feces odor was detected, the resident's pants were soaked through with urine and the resident had had a bowel movement. Resident #100 was positioned towards Certified Nurse Aide #2 while their soiled pants were removed by Certified Nurse Aide #1. Certified Nurse Aide #1 used a washcloth and removed the feces from the resident's buttocks. Perineal care/urinary incontinence care was not performed. While wearing the same gloves, Certified Nurse Aide #1 used a clean towel to dry the resident and did not apply a skin barrier cream. Without changing their gloves and performing hand hygiene, Certified Nurse Aide #1 applied a clean brief and clean pants to the resident. Certified Nurse Aide #1 took the soiled items, placed them on a barrier on the resident's bed, and put them in a garbage bag and removed them from the room without removing/changing their gloves and performing hand hygiene before they exited. Certified Nurse Aide #1 re-entered the room then took the basin to the restroom and dumped dirty water into the toilet, rinsed the basin, removed their gloves, placed basin in the resident's drawer and washed their hands. During an interview on 10/10/24 at 1:26 PM, Certified Nurse Aide #1 stated Resident #100 would try and get out of their wheelchair when they needed to go to the bathroom. They stated the resident was toileted at 8:00 AM this morning and had not been toileted since because Resident #100 did not tell them they had to go, nor did they observe the resident attempting to get out of their wheelchair. They stated that all residents should be toileted every 2-3 hours. When asked why resident #100 was not toileted every 2-3 hours, they stated it was hard to find another staff member to assist the residents who were a two assist. They stated that normally they did perineal care first, but they did not today. They stated the resident was prone to getting urinary tract infections and they should have done perineal care. They stated that they should have changed their gloves after they cleaned the resident's buttocks and before touching the clean items. They stated this was important because cross contamination could occur. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/10/24 at 1:33 PM with Certified Nurse Aide #2 they stated Certified Nurse Aide #1 should have changed their gloves prior to touching clean items. They stated they were uncertain why Certified Nurse Aide #1 only cleaned the resident buttocks and did not perform perineal care. They stated only if a resident had a skin breakdown they would apply a skin barrier cream. They stated it was important to change dirty gloves to decrease the risk of cross contamination. During an interview on 10/10/24 at 1:45 PM, the Assistant Director of Nursing stated the Certified Nurse Aides did their rounds every 2-3 hours to perform incontinent care. They stated they should check the resident's closet care plan for the times they were care planned for as well. The Assistant Director of Nursing stated they expected the Certified Nurse Aides providing incontinent care to use proper technique for females and males, the resident should be cleaned from front to back and would expect them to change their gloves, wash hands, and reapply clean gloves before touching any clean items. They stated Certified Nurse Aide #1 should have cleaned Resident #100's perineal area first with clean gloves front to back, remove gloves and wash hands before they reapplied another pair of clean gloves, and then proceeded to clean the residents' buttocks in an upward motion. They stated Certified Nurse Aide #1 then should have removed their soiled gloves and washed their hands, put on a new pair of clean gloves, and put on a protective barrier cream to the resident's buttocks. During an interview on 10/10/24 at 1:52 PM, the Director of Nursing stated during incontinent care they expected Certified Nurse Aides to explain to the resident what they were doing, perform complete incontinent care thoroughly by cleaning front and back, change soiled gloves, wash hands, reapply clean gloves and apply a barrier cream to protect the skin from break down. They stated it was important to change gloves whenever dirty when providing incontinent care to avoid cross contamination. During an interview 10/11/24 at 12:33 PM, Licensed Practical Nurse #3 stated that the Certified Nurse Aides did not document every time the resident was toileted, and the check and change protocol was for residents to be toileted every 2-3 hours. 10NYCRR 415.12(a)(3)

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F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36415 Based on observation, interview, and record review conducted during the Standard survey completed on 10/15/24, the facility did not operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes. Specifically, the facility was not in compliance with Section 915 of the 2020 Fire Code of New York State, which requires carbon monoxide detection in all rooms and sleeping areas with fuel-burning appliances and on-going preventative maintenance of carbon monoxide detectors. This affected three (First, Second, and Third Floors) of three resident use floors and one of one Basement. The findings are: According to the 2020 Fire Code of New York State, patient rooms in nursing homes are defined as sleeping units. In residential and commercial buildings that contain a fuel burning appliance, carbon monoxide detection shall be installed in all rooms, occupiable space, dwelling units, sleeping areas, and sleeping units that contain a fuel-burning appliance. Additionally, the 2020 Fire Code of New York State stated carbon monoxide detectors shall be maintained in good working order in accordance with Section 915 of this code, National Fire Protection Association (NFPA) 720 (Standard for the Installation of Carbon Monoxide Detection and Warning Equipment), and the manufacturer's instructions/recommendations. Review of the Combination Photoelectric Smoke and Carbon Monoxide Alarm with Voice Message System, Combo Smoke/CO Alarm User Guide from the manufacturer's website revealed weekly testing is required to ensure proper operation. Testing: Test your alarm by pressing the test button until the unit chirps, then release the test button. The unit will then emit three long beeps, Fire!, three long beeps, short pause, four short beeps, Warning! Carbon Monoxide!, four short beeps, pause, one beep. The alarm and voice will sound if the electronic circuitry, horn, speaker, and battery are working. If the alarm or voice does not sound, the unit must be replaced. Battery. Note: This alarm is powered by a sealed lithium battery system. No battery installation or replacement is necessary for the life of the alarm. After ten (10) years of cumulative power up, this unit will chirp two times every 30 seconds. This is an operational end of life feature which will indicate that it is time to replace the alarm. To help identify the date to replace the unit, a label has been affixed to the side of the alarm. Write the Replace by date ([AGE] years from initial power up) in permanent marker on the label prior to installing the unit. Cleaning your alarm. Your alarm should be cleaned at least once a year. You can clean the interior of your alarm (sensing chamber) by using compressed air or a vacuum cleaner hose and blowing or vacuuming through the openings around the perimeter of the alarm. The outside of the alarm can be wiped with a damp cloth. Use only water to dampen the cloth, use of detergents or cleaners could damage the alarm. After cleaning, test your alarm by using the test button. If cleaning does not restore the alarm to normal operation, the alarm should be replaced. (continued on next page)

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F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	Observations on 10/7/24 between 9:18 AM and 3:05 PM and on 10/8/24 between 8:05 AM and 2:50 PM revealed battery-operated combination photoelectric smoke and carbon monoxide alarms with voice message system were installed on the First, Second, and Third Floors and in the Basement. Further observations revealed the facility had six resident units, (1 East, 1 West, 2 East, 2 West, 3 East, and 3 West), each resident unit had two laundry rooms and each laundry room had a combination photoelectric smoke and carbon monoxide alarm with voice message system installed in it. Continued observations revealed combination photoelectric smoke and carbon monoxide alarms were installed on the First Floor in the Kitchen and Laundry room service area in the Service corridor, and in the Boiler room in the Basement. The observations also revealed natural gas fuel burning appliances were installed on the First, Second, and Third Floors, and in the Basement. During an interview on 10/11/24 at 8:49 AM, the Maintenance Supervisor stated the facility had the same brand of ten-year battery apparated combination photoelectric smoke and carbon monoxide alarms installed on the First, Second, and Third Floors and in the Basement. The Maintenance Supervisor further stated the alarms were tested monthly and the facility had logs for the testing of the alarms. Review of CO (Carbon monoxide) Checks logs revealed the facility's ten-year battery apparated combination photoelectric smoke and carbon monoxide alarms with voice message system had been checked monthly from 1/29/24 through 10/1/24. Review of the Combination Photoelectric Smoke and Carbon Monoxide Alarm with Voice Message System, Combo Smoke/CO Alarm User Guide provided by the facility revealed it was only the first two pages of the User Guide and the first two pages did not have any evidence regarding the testing of the alarms. 42 CFR 483.70(b) 10NYCRR: 415.29(a)(2), 711.2(a)(1) 2020 Fire Code of New York State, Section 915: 915.3.1, 915.6