| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 335870 | A. Building<br>B. Wing | 07/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Upstate University Hosp at Community General T C U | 4900 Broad Road<br>Syracuse, NY 13215 |

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 0835<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Administer the facility in a manner that enables it to use its resources effectively and efficiently.<br><br>Entrance conference worksheet documents required for survey were not received timely.Based on record review and interviews during the recertification survey conducted 7/23/2025-7/25/2025, the facility did not make available clinical records on each resident in accordance with accepted professional standards and practices that were complete and accurately documented for all 15 residents of the facility. Specifically, upon survey entrance, resident-identifiable information including form CMS-802 Matrix for Providers, and an alphabetical listing of all residents was not provided to the Department of Health in a timely manner. Additional information needed from the facility within one hour and four hours of entrance was not provided in a timely manner. Findings include:The Centers for Medicare and Medicaid Services survey form Entrance Conference Worksheet documents:The complete matrix for new admissions in the last 30 days who were still residing in the facility and an alphabetical list of all residents was to be provided to the surveyors immediately upon survey entrance. The schedule of mealtimes, schedule of medication administration, number and location of medication cart and storage rooms, actual working schedules for all staff, and a list of key personnel were to be provided within one hour of survey entrance.The complete matrix for all other residents, admission packet, dialysis contract, infection prevention and control program standards policies and procedures, influenza and pneumonia immunization policy, Quality Assurance committee information and Quality Assurance and Performance Improvement Plan, and facility assessment were to be provided within four hours of survey entrance. The Department of Health survey team entered the facility on 7/23/2025 at 9:30 AM. The Team Coordinator met with the Deputy Director of Nursing at 9:45 AM for the entrance conference meeting and reviewed the documents required for survey as outlined on the entrance conference worksheet. The Deputy Director of Nursing was also provided a copy of the worksheet. This included the time frame for providing CMS-802 Matrix for Providers and the alphabetical list of all residents (immediately upon entrance). The Deputy Director of Nursing was unable to provide the completed matrix for new admissions in the last 30 days and the alphabetical list of all residents. The Team Coordinator sent a follow up email with electronic copies of the required documents at 10:07 AM including a blank matrix form and the instructions for completion. Required documents were received via secure file transfer:On 7/23/2025 at 12:25 PM, (over two and a half hours after survey entrance) the Administrator sent an alphabetical list of residents (due immediately upon entrance), and a document labeled CMS-802. The document labeled CMS-802 was not the correct form. At 12:31 PM, the Team Coordinator informed the Administrator that document was not correct and again requested the correct CMS-802 form that was provided in both a hard and electronic copy and due upon entrance.On 7/23/2025 at 2:12 PM, (four and a half hours after survey entrance) the Administrator sent form CMS-802. The new admission matrix (due immediately upon entrance) and the complete matrix (due four hours after entrance) were the same as there were no residents at the facility longer than 30 days. On 7/23/2025 at 2:54 PM, the Team Coordinator sent an email via secure file transfer to the Administrator and the Associate Administrator for Accreditation and Regulatory informing them the entrance conference items were past due. A follow up email was sent at 4:15 PM documenting entrance conference items were not received and was impeding the survey process. On 7/23/2025 at 4:17 PM, (six and a half hours after survey entrance) the information (continued on next page) |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 335870 | A. Building<br>B. Wing | 07/25/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Upstate University Hosp at Community General T C U | 4900 Broad Road<br>Syracuse, NY 13215 |

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 0835<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | required from the facility within one hour of entrance was received.On 7/24/2025 at 9:00 AM, the Team Coordinator sent another follow up email to the Administrator, the Deputy Director of Nursing, and the Director of Quality regarding the missing documents from the entrance conference worksheet that were due within four hours of entrance.On 7/24/2025 at 11:05 AM, (over 25 hours after survey entrance) the remaining required information was received. During an interview on 7/25/2025 at 9:32 AM, the Administrator stated the unit should always be ready for survey entrance. The delay in providing the documents in the required timeframe was because the unit was recognized as part of the hospital. It should be recognized as a stand-alone unit despite being located in the hospital. They did not have a process to identify staff that was responsible for providing the surveyors requested documents timely. 10NYCRR 483.70(i) |