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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335357 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/06/2020 |
| NAME OF PROVIDER OF SUPPLIER THE PINES HEALTHCARE & REHAB CENTERS OLEAN CAMPUS | | STREET ADDRESS, CITY, STATE, ZIP 2245 WEST STATE STREET OLEAN, NY 14760 | |
| 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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review conducted during a Complaint investigation (Complaint #NY 141) during the Standard survey completed on 3/6/20, the facility did not ensure the residents environment remains as free of accident hazards as is possible for one (Resident #35) of five residents reviewed for accidents. Specifically, the facility did not ensure the shower chair preventative maintenance was completed per the manufacturers' safety/ maintenance information. The shower chair collapsed from beneath Resident #35 resulting in Resident #35 falling to the floor. The finding is: Review of the undated policy and procedure entitled Cleaning and Disinfection of Resident Care Equipment included the purpose to maintain a safe and clean resident environment, that housekeeping will clean and disinfect shower chairs on a daily basis, and any noted defects will be reported to maintenance. 1. Resident #35 was admitted to the facility on [DATE] with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - a resident assessment tool) dated 12/14/19 documented Resident #35 was understood, understands, and was totally dependent on one staff member for bathing. Review of the facility Witnessed Fall dated 11/14/19 documented Resident #35 was being showered in the shower room, the PVC ([MEDICATION NAME] chloride) shower chair broke and Resident #35 fell to the floor. Review of an email dated 11/15/19 from the Administrator to Maintenance revealed the following: I know that you all have a lot of preventative maintenance (PM) to do throughout the building; however, due to a recent event with a shower chair, we will now have to do a monthly PM log on all shower chairs in the facility. For the PM they will need to be visually inspected for cracks and any other signs of wear and replaced when necessary. According to the supplier, these chairs have a 2-year wheels and back warranty, a 5-year frame warranty, and a life use of [AGE] years. Each chair has a sticker on them to check these specs (specifications). Review of the manufacturers Operation Instructions included the following under Safety/ Maintenance Information: - Check pipe and fittings for hairline fractures monthly. - Check all junctures to make certain the pipe and fittings do not pull apart. Review of the shower chair manufacturers sticker included a Serial number of 02/10/2010. During an interview on 3/5/20 at 1:13 PM, the Superintendent of Buildings and Grounds stated, part of our plan of correction for this incident was to start a check of the shower chair/ equipment. Prior to this we didn't have anything in place for the checking of the shower chairs. We relied upon staff to report to us if there were any issues. During an interview on 3/6/20 at 9:41 AM, the Administrator stated the facility should always follow the manufacturers' recommendation for preventative maintenance, and prior to the incident with Resident #35 on 11/14/19 there was no evidence of a routine preventative maintenance schedule. 415.12(h)(1)</p> | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE (X6) DATE | |

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.