Exhibit A

		& MEDICAID SERVICES	168-1	Fil	ed 05/21/19 Page 2 of 20	FORM	D: 11/08/2018 APPROVED D: 0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 10		E CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		335425	B. WING			04	C /26/2018
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY	COUNTY NURSING	HOME			80 ALBANY SHAKER ROAD LBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 678 SS=E	CFR(s): 483.24(a)(3 §483.24(a)(3) Perso support, including C such emergency ca emergency medical related physician or advance directives. This REQUIREMEN by: Based on record re abbreviated survey facility did not ensur emergency basic lift cardiopulmonary re requiring such care emergency medical the resident's advar related physician or four residents review did not ensure Resi status was known d the resident's respir This is evidenced by Refer to F684 Resident #1: The resident was re 11/10/17, with a diag pulmonary disease, disturbance, and hy without heart failure (MDS) dated 2/15/1 severe cognitive imp The facility's Advance Procedure (P&P) data	onnel provide basic life CPR, to a resident requiring ine prior to the arrival of I personnel and subject to orders and the resident's NT is not met as evidenced eview and interview during an (Case #NY00216244), the re personnels ability to provide e support, including suscitation (CPR), to residents prior to the arrival of I personnel in accordance with nee directives and subject to ders for one (Resident #1) of wed. Specifically, the facility dent #1's advance directive luring a significant change in ratory condition on 3/1/18. y:	а 20. Г	578			
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	ATURE		TITLE		(X6) DATE 11/07/2018
							11/0//2018

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.

	MENT OF HEALTH			.68-1	File	ed 05/21/19	Page 3 of 2		: 11/08/2018 I APPROVED
CENTER	RS FOR MEDICARE	& MEDICAID SE	RVICES					OMB NO. 0938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPF IDENTIFICATION	PLIER/CLIA NUMBER:			E CONSTRUCTION	CON	TE SURVEY	
		33542	5	B. WING				C /26/2018	
NAME OF F	PROVIDER OR SUPPLIER				S	TREET ADDRESS, C	ITY, STATE, ZIP CO	DDE	
ALBANY	COUNTY NURSING H	HOME				BO ALBANY SHAK LBANY, NY 122			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIEN / MUST BE PRECEDED SC IDENTIFYING INFO	BY FULL	ID PREFI TAG		(EACH COR	R'S PLAN OF COR RECTIVE ACTION RENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 678	Continued From pa the MOLST (Medica Treatment) form is a resident's treatment physician's order for an emergency situation be followed by all he (cardio pulmonary re function or supports cardiac or respirator resident/representation will ensure that the bracelet, doorway re record spine will be be obtained. The facility P&P for revised 6/2017, doo utilized to designate "Rapid Response" i Emergency may be assessments. The documented to provide and Nursing resport medical emergency documented: 1) And code status. 2) Stay The resident's Med Treatment (MOLST attempt Cardio-Pulk when the resident he breathing, The physician's ord on 2/12/18, document Directive status was The Comprehensive Advanced Directive	al Orders for Life a short summary t preferences with r care that is easy ation. The medica ealth care profess resuscitation) rest s ventilation in the ry arrest. If the tive chooses CPF resident's identifie name plate, and m blue, and "full co "Code E Rapid R cumented that "Co e a Medical Emerg s utilized when a imminent based purpose of the P- vide for immediate s of residents w v arises. The Proc nounce a Code E y with victim. ical Orders for Life) dated 5/9/17, do monary Resuscita has no pulse and/of ler dated 11/10/17 ented the resident s a full code. e Care Plan (CCF	of the a y to read in l orders must sionals. CPR ores cardiac event of a R, the nurse cation hedical de" order will desponse" ode E" is gency. A Medical upon nursing &P e Medical when a redure , validate e-Sustaining ocumented to ation (CPR) or is not Y, renewed t's Advanced P) for	F	578				
FORM CMS-25	67(02-99) Previous Versions	Obsolete	Event ID: 6XXV11		Fac	cility ID: 0030	lf	continuation shee	et Page 2 of 19

	MENT OF HEALTH	5:00-at-99999 Document AND HUMAN SERVICES & MEDICAID SERVICES	168-1	Fil	ed 05/21/19 Page 4 of 20	FURI	11/08/2018 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	COM	E SURVEY
		335425	B. WING	-			26/2018
NAME OF F	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY COUNTY NURSING HOME) ALBANY SHAKER ROAD BANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 678	full code, with HCP MOLST on file. The Nursing Progra Registered Nurse S at 6:04 pm, docum to have a fever of " ear). Tylenol 650 m order. Lungs conge (high-pitched whist breathing out). O2 Oxygen started at Nebulizer treatmer per order. Pulse be (Medical Doctor) # note did not includ respirations. The Weights and N	age 2 sident's current code status is (health care proxy) and ess Note written by the Supervisor (RN #1) on 3/1/18 ented the resident was noted '103.4" tympanic (taken via the ng given per prn (as needed) ested with expiratory wheeze ting sound made while SAT "81%" on room air; 2 liters via nasal cannula. hts (breathing treatments) given etween "180 and 220." MD 1 made aware of above. The e the resident's rate of Vitals Summary dated 3/1/18 at hted: Pulse 180 bpm (beats per		578			
	minute); (normal is breaths/minute (no 103.4 (tympanic) (did not include a b The EMS Patient (3/1/18, documente resident's room at unresponsive and	60-100); Respirations 40 ormal is 12-22); Temperature normal is 97-99). The summary					
	Facility staff were There was no repo found lying in hosp obvious respirator arrest." Hot, diaph pale, accessory m back, and abdome	not in the resident's room. ort from facility staff. Patient oital bed "unresponsive in y failure, near respiratory loretic (sweating excessively), nuscles (muscles of the neck, en that assist with respiration) ng, decreased breath sounds on		2	2		

Facility ID: 0030

If continuation sheet Page 3 of 19

CENTERS FOR MEDICARE & MEDICARD SERVICES OME INC 10938-0391 XINTEMINT OF PROVIDER POLICIANE (X1) PROVIDER INPURSENCIAN AND OF CORRECTION (X1) PROVIDER INPURSENCIAN ALBANY COUNTY NURSING HOME STREET ADDRESS, CITY, STATE, ZIP CODE MARE OF PROVIDER OR SUPPLICE SUMMARY STATEMENT OF DEFICIENCIES MARE OF ROWIDER OR MURPHILE SUMMARY STATEMENT OF DEFICIENCIES MARE OF ROWIDER OR SUPPLICE SUMMARY STATEMENT OF DEFICIENCIES MARE OF ROWIDER OR MURSING HOME SUMMARY STATEMENT OF DEFICIENCIES MARE OF ROWIDER OR SUPPLICE SUMMARY STATEMENT OF DEFICIENCIES MARE OF ROWIDER OR MURSING HOME PROVIDER'S FLAN OF CORRECTION RECOUNTING MUSCI DEMINIFICATION ON LISC DEMINIFICATION F 678 F 678 F 678 F 678 Interminification with messignification and the patient was bagged (attificial ventual was bagged (attificial ventual was bagged (attificial ventual was bagged (attificial ventual was a full code; colspan= 2000 (attifi			00-at-999999 Document 1 AND HUMAN SERVICES	68-1	Filed	1 05/21/19 Page 5 of 20		: 11/08/2018 APPROVED	
AND PLAN OF CORRECTION Indextriplication NUMBER: A BUILDING CONTRACTOR ANDE OF PROVIDER OR SUPPLIER 338425 B WING C 04/26/2018 ANDE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 780 204/26/2018 ALBANY COUNTY NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES. PROVIDER CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE 0% CALL DEAL OF CROKEND WINST BE PREADED BS FULL TAG CONTINUER CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE 0% F 678 Continued From page 3 left and right, increased respiratory effort, and unresponsive. At 6.46 pm, non-patent (obstructed) ainway in need of immediate ainway support/control and the patient was bagged (artificial ventilistion performed with a respirator bag). The patient remained unresponsive and at 7:07 pm was intubated. F 678 Physician's order dated 3/1/18 at 7:17 pm, documented emergency room transfer for respiratory distress. The Hospital Chart Report Visit documented the resident arrived on 3/1/18 at 7:40 pm with patient complaint of "respiratory arrest." During an interview on 4/10/18 at 3:40 pm, LPN #1 stated she did not know the resident and stated RN #1 might have checked. LPN #1 is CPR certified. She stated she was not able to recognize respiratory drivess, respiratory failure, or respiratory arrest." LPNS do not assess." During an interview on 4/12/18 at 3:40 pm, RN #1 was able to identify a resident who is a full code, who is a DNR." When askted if she realized the resident was a full							OMB NO	0938-0391	
335425 B. WING 04/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ALBANY COUNTY NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER OF DEFICIENCY MUST BE PRECEDED BY FULL RECOLLATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES COMMON FRANCE ACTION SHOULD BE CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE COMMON CORRECTION DEFICIENCY F 678 F 678 Continued From page 3 Left and right, increased respiratory effort, and unresponsive. At 6:46 pm, non-patent (obstructed) ainway in need of immediate airway supporticontrol and the patient was bagged (artificial ventilation performed with a respirator bag). The patient remained unresponsive and at 7:07 pm was intubated. F 678 Physician's order dated 3/1/18 at 7:17 pm, documented emergency room transfer for respiratory distress. F The Hospital Chart Report Visit documented the resident arrived on 3/1/18 at 7:40 pm with patient complaint of "respiratory arrest." During an interview on 4/10/18 at 3:40 pm, RN #1 was able to identify a resident was a full code. She wasn't familiar with the resident and stated RN #1 might have checked. LPN #1 is CPR certified. She stated she was not able to recognize respiratory distress, respiratory failure, or respiratory arrest. "LPN do not assess." During an interview on 4/12/18 at 3:40 pm, RN #1 was able to identify a resident			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				COMPLETED		
ALBANY COUNTY NURSING HOME TO ALBANY STATEMENT OF DEFICIENCY WH D PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY MUST BE PRECEDED BY FULL REQUINTORY OF LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL REQUINTORY OF LSC IDENTIFYING INFORMATION) D PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL REQUINTORY OF LSC IDENTIFYING INFORMATION) D PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY) COMPETION (EACH OFFICIENCY) F 678 Continued From page 3 left and right, increased respiratory effort, and unresponsive. At 6.46 pm, non-patent (obstructed) airway in need of immediate airway support/control and the patient was bagged (artificial ventilation performed with a respirator) bag). The patient remained unresponsive and at 7.07 pm was intubated. F 678 Physician's order dated 3/1/18 at 7.10 pm, documented emergency room transfer for respiratory distress. The Hospital Chart Report Visit documented the resident arrived on 3/1/18 at 7.40 pm, LPN #1 stated she di ont know the resident was a full code. She wasn't familiar with the resident and stated RN #1 might have checked. LPN #1 is CPR certified. She stated she was not able to recognize respiratory distress, respiratory failure, or respiratory arest. 'LPN & on ot asses.''. During an interview on 4/12/18 at 3.40 pm, RN #1 was able to identify a resident who is a full code; Blue wrist band, blue band on door. Blue band on chart. RN #1 stated, 'We check DNRs twice a day. You don't was to start CPR on someone who is a DNR.'' When askedif is ne realized the resident was a full code, she stated, 'Notu			335425	P MINC					
ALBANY, NY 12211 (X4) ID PHEFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID DEFICIENCY TAG PROVIDERS PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY (36) CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY F 678 Continued From page 3 left and right, increased respiratory effort, and unresponsive. At 6:46 pm, non-patent (obstructed) airway in need of immediate airway support/control and the patient was bagged (artificial ventilation performed with a respirator) bag). The patient remained unresponsive and at 7:07 pm was intubated. F 678 Physician's order dated 3/1/18 at 7:17 pm, documented emergency room transfer for respiratory distress. F The Hospital Chart Report Visit documented the resident arrived on 3/1/18 at 7:40 pm with patient complaint of "respiratory arrest." During an interview on 4/10/18 at 3:40 pm, LPN #1 stated she did not know the resident was a full code. She wasn't familiar with the resident and stated RN #1 inght have checked. LPN #1 is CPR certified. She stated she was not able to recognize respiratory distress, respiratory failure, or respiratory arrest. "LPNs do not assess." During an interview on 4/12/18 at 3:40 pm, RN #1 was able to identify a resident who is a full code; Blue wrist band, blue band on dor, blue band on dro, blue band on dro, blue band on	NAME OF	PROVIDER OR SUPPLIER					14-10-10-10-10-10-10-10-10-10-10-10-10-10-		
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left and right, increased respiratory effort, and unresponsive. At 6:46 pm, non-patent (obstructed) airway in need of immediate airway support/control and the patient was bagged (artificial ventilation performed with a respirator bag). The patient remained unresponsive and at 7:07 pm was intubated. Physician's order dated 3/1/18 at 7:17 pm, documented emergency room transfer for respiratory distress. The Hospital Chart Report Visit documented the resident arrived on 3/1/18 at 7:40 pm with patient complaint of 'respiratory arrest." During an interview on 4/10/18 at 3:40 pm, LPN #1 stated she did not know the resident and stated RN #1 might have checked. LPN #1 is CPR certified. She stated she was not able to recognize respiratory distress, respiratory failure, or respiratory distress, respiratory failure, or respiratory distress, respiratory failure, or respiratory arrest. "LPN # 1 is CPR certified. She stated she was not able to recognize respiratory distress, respiratory failure, or respiratory arrest." LPNs do not assess." During an interview on 4/12/18 at 3:40 pm, RN #1 was able to identify a resident two is a full code; Blue wrist band, blue band on door, blue band on chart. RN #1 stated. "We check DNRs twice a day. You don't want to start CPR on someone who is a DNR." When asked if she realized the resident was a full code, she stated, "Not until making copies of the paperwork for EMS." During an interview on 4/12/18 at 5:15 pm, the	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	x	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION	
Director of Nursing (DON) stated that "Staff should know the resident's code status. That's why we have a system in place." F 684 Quality of Care F 684		left and right, increa unresponsive. At 6: (obstructed) airway support/control and (artificial ventilation bag). The patient re 7:07 pm was intuba Physician's order da documented emerg respiratory distress. The Hospital Chart resident arrived on 3 complaint of "respira During an interview #1 stated she did no code. She wasn't fa stated RN #1 might CPR certified. She s recognize respirator or respiratory arrest During an interview was able to identify Blue wrist band, blue chart. RN #1 stated, day. You don't want who is a DNR." Whe resident was a full c making copies of the During an interview birector of Nursing (should know the res why we have a syste	 Ised respiratory effort, and 46 pm, non-patent in need of immediate airway the patient was bagged performed with a respirator emained unresponsive and at ted. ated 3/1/18 at 7:17 pm, ency room transfer for Report Visit documented the 3/1/18 at 7:40 pm with patient atory arrest." on 4/10/18 at 3:40 pm, LPN of know the resident was a full miliar with the resident and have checked. LPN #1 is stated she was not able to y distress, respiratory failure, . "LPNs do not assess." on 4/12/18 at 3:40 pm, RN #1 a resident who is a full code; e band on door, blue band on "We check DNRs twice a to start CPR on someone en asked if she realized the ode, she stated, "Not until e paperwork for EMS." on 4/12/18 at 5:15 pm, the DON) stated that "Staff ident's code status. That's 						

Facility ID: 0030

If continuation sheet Page 4 of 19

		5:00 at 99999 AND HUMAN SERVICES	t 168-1	L Fi	iled 05/21/19 Page 6 of 20 ^{Pl} Ol	RINTED: FORM/ MB NO.	11/08/2018 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
		335425	B. WING	6			26/2018
NAME OF F	PROVIDER OR SUPPLIER			100 000	REET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY	COUNTY NURSING	HOME		12.10	0 ALBANY SHAKER ROAD LBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684 SS=E		ige 4	F 6	684			
	applies to all treatm facility residents. Ba assessment of a re- that residents recei- accordance with pr practice, the compr care plan, and the r This REQUIREMEN by: Based on record re- abbreviated survey facility did not ensu- treatment and care professional standar comprehensive per the resident's choice three residents revei- Resident #1, the fa and intervene for a resident's condition 911 to transport the Hospital Chart Rep	fundamental principle that nent and care provided to ased on the comprehensive sident, the facility must ensure ve treatment and care in ofessional standards of rehensive person-centered					
	11/10/17, with a dia pulmonary disease behavioral disturba disease without he	eadmitted to the facility on agnosis of chronic obstructive (COPD), dementia without nce, and hypertensive heart art failure. The Minimum Data (15/18, assessed the resident ve impairment.					
	The facility guide (u	undated) titled "Change in					

Facility ID: 0030

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			.68-1 F	Filed 05/21/19 Page 7 of 20		: 11/08/2018 APPROVED
CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			OMB NO.	0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	Ne Clean	IPLE CONSTRUCTION	(X3) DAT COM	E SURVEY IPLETED
		335425	B. WING _	24		C 26/2018
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ALBAN	COUNTY NURSING F	IOME		780 ALBANY SHAKER ROAD ALBANY, NY 12211	×	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 684	Condition - Identify, documented: Always assess vital physician service w Normal values docu pressure (90/60 - 12 (O2 SAT) 95 - 100% temperature 97-99 Contact physician s condition of the resi symptoms/exacerba Timely communicat modality and neede in treating condition Change in condition Change in condition Change in condition Change may illustrat evidence of an incre existing chronic dise Goal is to recognize initiate clinical action interventions based and avoid potential Additional signs to le breathing and abnor Avoid delays to repo SBAR (Situation -W resident? Backgrout background or conte the problem? and R Request - What wou The facility policy ar "Notification of Sign 8/2017, documented a significant change intervention. The pr	Communicate and Manage" signs before calling the ith a change in condition. umented; Pulse 60-100, blood 20/80), oxygen saturation level 6, respiratory rate 12-22, degrees F. ervices for any changes in dent. Example - new onset of ations. ion is key to this treatment d to determine the next step s effectively and safely. i is any alteration from an ealthy or baseline status. The te signs of acute distress or ease in symptoms of an ease. a change in condition to n, determine clinical on the advance care plan complications of illness. book for included difficulty	F 68			

Facility ID: 0030

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		:00-at-99999 Documen AND HUMAN SERVICES	t 168-1	Fi	led 05/21/19 Page 8 of 20	FORM	: 11/08/2018 APPROVED . 0938-0391			
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	St. 13		LE CONSTRUCTION	(X3) DAT COM	E SURVEY			
		335425	B. WINC	3		C 04/26/2018				
NAME OF F	PROVIDER OR SUPPLIER		- 1	STREET ADDRESS, CITY, STATE, ZIP CODE						
ALBANY	COUNTY NURSING I	HOME			780 ALBANY SHAKER ROAD					
					ALBANY, NY 12211					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE			
F 684	Continued From pa	ae 6	E	684						
		rior to receiving a physician		004						
	6/2017, documente for Life Sustaining T summary of the res and a physician's or situation. These val followed by all healt (cardio-pulmonary r restore cardiac func- in the event of a car	ed Directive P&P dated d the MOLST (Medical Order Treatment) form is a short ident's treatment preferences rder for care in an emergency id medical orders must be th care professionals. CPR resuscitation) means to ction or to support ventilation rdiac or respiratory arrest.	3				0			
	documented that an	RN (registered nurse) may rease current (oxygen) flow			с.					
	revised 6/2017, doc utilized to designate "Rapid Response" is Emergency may be assessments. The for immediate Media residents when a m	"Code E Rapid Response" cumented that "Code E" is a Medical Emergency. A s utilized when a Medical imminent based upon nursin P&P documented to provide cal and Nursing response for edical emergency arises. It nounce a Code E, validate y with victim.	0		2					
	Treatment (MOLST)		3			a)				
-	on 2/12/18, docume Directive status was									
ORM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: 6XXV	/11	Fa	cility ID: 0030 If contin	ulation sheet	Page 7 of 19			

			168-1	Filed 05/21/19 Page 9 of 20		: 11/08/2018 APPROVED
STATEMENT	CF DEFICIENCIES	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DAT	. 0938-0391 TE SURVEY MPLETED
		335425	A. BUILDI			с
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	04	/26/2018
ALBANY	COUNTY NURSING	IOME		780 ALBANY SHAKER ROAD ALBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTI X (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 684	Continued From pa	ge 7	F 6	84		
	Advanced Directive	e Care Plan (CCP) for s updated 2/13/18, sident's current code status is				
	Altered Nutrition Sta documented a goal lungs with no signs with an intervention	e Care Plan (CCP) for Risk for atus updated 2/14/18, for the resident to have clear and symptoms of aspiration to monitor for shortness of ored respirations, and lung				
	3/1/18, documented 5:30 - 6:00 pm, a CI assistant) noticed th and had a temperati mg and a Duoneb (k	e resident felt warm to touch ure of 101.9 F. Tylenol 650 preathing treatment) was The Registered Nurse				
	documented for the 250 mg (antibiotic) 2	dated 3/1/18 at 5:54 pm, resident to be given Levaquin 2 tabs, by mouth now, for 1 nperature and respiratory				3
	Registered Nurse Si at 6:04 pm, docume of "103.4" tympanic Lungs congested wit (high-pitched whistlin breathing out). O2 S Oxygen started at 2 Nebulizer treatments	ss Note written by the upervisor (RN #1) on 3/1/18 nted the resident had a fever (ear). Tylenol 650 mg given. th expiratory wheeze ng sound made while AT "81%" on room air. liters via nasal cannula. s given. Pulse between 180 cal Doctor) #1 made aware.				

If continuation sheet Page 8 of 19

			: 168-1	Filed 05/21/19 Page 10 of 20		
		& MEDICAID SERVICES	Transformer and an and a second			0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and an and a second second second second		COM	E SURVEY IPLETED
		335425	B. WING		C 04/26/2018	
NAME OF F	PROVIDER OR SUPPLIER		ç	STREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY	COUNTY NURSING H	IOME		780 ALBANY SHAKER ROAD ALBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 684	Order received for I now. The possibility wanting the residen discussed with the I okay and to send the to get the resident t The Weights and V 6:10 pm, document minute); (normal is breaths/minute (nor 103.4 (tympanic) (n did not document a The resident's med SBAR (per facility p change (decline) in The Employee State 3/1/18, documented	Levaquin (antibiotic) 500 mg y of the resident's family nt to go to the hospital was MD. The MD stated it was ne resident out if we are unable to take the antibiotic. Titals Summary dated 3/1/18 at ted: Pulse 180 bpm (beats per 60-100) ; Respirations 40 rmal is 12-22); Temperature normal is 97-99). The summary blood pressure.	F 684			
	was sick. RN #1 left situation at approxim The Employee State 3/6/18, documented LPN #1 went back in check on him less the noted the resident's	t the unit to attend to another				
	supervisor was pag right away. The resi unit and went direct The EMS (Emerger Pre-hospital Care R documented EMS r	ed. RN #1 did not answer ident's daughter arrived on the tly into the resident's room. Acy Medical Services) Report (PCR) dated 3/1/18, received a call regarding the g problems from a family				

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If continuation sheet Page 9 of 19

DEPART			it 168-:	1 1	Filed 05/21/19 Page 11 of 20	FORM	11/08/2018 APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMI	0938-0391 SURVEY PLETED
		335425	B. WING			(04/2) 26/2018
NAME OF F	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 80 ALBANY SHAKER ROAD		
ALBANY	COUNTY NURSING I	HOME			LBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	Continued From pa	ge 9	Fθ	84			
	3/1/18, documented another unit to check was on the telephone heard a page for he finished the telephone later, there was and "STAT (right away). - 6:40 pm." RN #1 of resident's daughter screaming. The rest 911. EMS arrived at The EMS Patient C 3/1/18, documented resident's room at " unresponsive and at hysterical in the root Facility staff were in There was no report found lying in hospi obvious respiratory arrest." Hot, diapho pale, accessory mu back, and abdomer used with breathing left and right, increat unresponsive. At 6: (obstructed) airway support/control and (artificial ventilation bag). The patient in 7:07 pm was intubat	sident's daughter had called t about "6:45 pm." are Record (PCR) dated d that the EMS arrived in the 6:45 pm." Patient was a family member was on screaming and crying. ot in the resident's room. t from facility staff. Patient tal bed "unresponsive in failure, near respiratory retic (sweating excessively), scles (muscles of the neck, n that assist with respiration) d, decreased breath sounds on ased respiratory effort, and 46 pm, non-patent in need of immediate airway the patient was bagged performed with a respirator emained unresponsive and at tted. Report Visit documented the 3/1/18 at 7:40 pm, with patient					

			168-1	Fi	iled 05/21/19 Page 12 of 20 _P	RINTED FORM	: 11/08/2018 APPROVED
		& MEDICAID SERVICES					. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DAT	E SURVEY
			A. BUILD	ING			
		335425	B. WING			С	
NAME OF	PROVIDER OR SUPPLIER	000120		_	TREET ADDRESS, CITY, STATE, ZIP CODE	04/	26/2018
					80 ALBANY SHAKER ROAD		
	COUNTY NURSING I	HOME			LBANY, NY 12211		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	-	PROVIDER'S PLAN OF CORRECTION	1	
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI	х	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE
			P		DEFICIENCY		
F 684	Continued From pa	ae 10	F 6	0 4			
		on 4/5/18 at 3:11 pm, RN #1	FO	04			
	stated she was calle	ed to unit 5HR between 4:15					
		LPN #1 stating the resident's					
	temperature was "1	01." She went to the unit, got					
		le getting the blood pressure.					
		as "103 something." The O2					
		room air. Pulse was "220" (via resident's hands were					
	shaking, hands wer	e all over the place, which			`		
		could not get a blood					
		ne room and told LPN #1 to					
	start oxygen. LPN #	1 had given Tylenol. RN #1					
	Called the MD who g	gave an order for antibiotics.					
		D (#1) if he wanted the the hospital and was					
	instructed to send th	ne resident to the hospital per					
	family request or if t	hey couldn't get the antibiotic					
	into him. LPN #1 ga	ve the antibiotic. RN #1					
	completed documer	ntation, and left the unit. While					
		N #1 heard an overhead page lized her radio was not					
		ot a page to call unit 5HR					
	STAT. RN #1 called	the unit and was told the					
	resident's daughter	was there. The resident's					
	daughter was screa	ming, crying and had called					
	911. RN #1 was not	t given information about the					
	the unit walked into	during the call. RN #1 went to the resident's room, the					81
		stopped her, called her a few					
	choice words" and re	efused to let her in (resident's					
	room). The curtain v	vas partially closed and only					
		nd the daughter could be					
	seen. The resident v	was "gasping" and there was in his respiratory status." She					
	texted MD #1 to tell	him the resident was going to					
	the hospital.	the resident was going to			*		
	During an interview	on 4/10/18 at 3:40 pm, LPN				21	
	#1 stated the resider	nt's temperature was "101.9"					

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		ATIOHOMANSER VIDESIMER & MEDICAID SERVICES	nt 168-	1	Filed 05/21/19 Page 13 of 20	RINTED: FORM	11/08/2018 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	the second se			(X3) DATE COMI	SURVEY PLETED
		335425	B. WING	_		04/2	26/2018
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
		IONE			780 ALBANY SHAKER ROAD		
ALBANY	COUNTY NURSING I	HOME			ALBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 684	when she gave Tyle scheduled nebulize because the reside stated the resident not seem to be in d Supervisor because medications, the Su the unit for rounds, rechecked the reside "103." RN #1 gave on oxygen after the SAT in the 80's. Rt ordered Levaquin (sure if the MD want hospital. LPN #1 go the resident down. back with the antibi antibiotic (time unk room. RN #1 left th when the LPN went the resident was br and faster. LPN #1 oxygen because sh but did not recall th was increased to. T were not checked. with cool cloths. Th RN #1. RN #1 did r page). The RN was In regard to calling can't do anything w Supervisor. We have after the Superviso arrived on the unit. resident's room and when I paged the S behind the desk wh	ge 11 enol. LPN #1 gave the r treatment a little early nt was wheezing. LPN #1 was breathing heavy, but did istress. She did not call the e as she was signing for the upervisor (RN #1) came onto around suppertime. RN #1 dent's temperature and it was instructions to put the resident breathing treatment for an O2 N #1 called MD #1 who antibiotic). LPN #1 was not ted the resident to go to the ot cool wash cloths and wiped RN #1 left the unit and came otic. LPN #1 gave the nown) and left the resident's e unit. About 10 minutes later, t back into the resident's room, eathing heavier than normal increased the resident's ne thought it would help him, e number of liters the oxygen the O2 SAT or other vitals The resident was wiped down he LPN left the room to page not call back (answer the a not paged stat (immediately). a Code E, the LPN stated, "I ithout going through the ve to let them know." Shortly r was paged, the daughter The daughter went into the d started screaming and that is supervisor stat. LPN #1 was uen the daughter arrived. esponsible for monitoring the tory distress, the LPN stated	F	584			

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Facility ID: 0030

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		AND HUMAN SERVICES	168-1	File	ed 05/21/19 F	Page 14 of 20 P): 11/08/2018 1 APPROVED	
CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				0		0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING					(X3) DATE SURVEY COMPLETED	
		335425	B. WING					C /26/2018	
NAME OF I	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY	, STATE, ZIP CODE		10/2010	
ALBANY	COUNTY NURSING H	IOME		780	ALBANY SHAKER BANY, NY 12211				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION CTIVE ACTION SHOULD NCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	e change a rioni pa		F 6	84					
	stated that she has their pain pills. Afte stat, she came to th daughter was in the not let RN #1 in the desk when RN #1 a	×1							
	stated when the res respiratory distress" she meant that he h RN #1 stated she th respirations were 24 to get an apical puls the heart) but was u because the residen away. RN #1 believ condition was urgen urgency was expres	on 4/12/18 at 3:40 pm, RN #1 ident was having "slight per her assessment note, ad a cough and congestion. ought the resident's I-28 breaths/min. RN #1 tried e (placing a stethoscope on nable to get an accurate one at was fighting/pushing her ed the resident's change in t, but did not know if the sed to the MD. RN #1 stated ave any specific instructions							
	for monitoring the re have said to keep ar something was going the antibiotic." RN # written protocol for fu condition. The LPN s an RN." After the sta unit and the resident worse." RN #1 was increased the O2 to realized the resident	sident to LPN #1 that "I might n eye on him. LPN #1 knew g on in there. She gave him 1 did not believe there was a ull code or change in should have "gotten a hold of at page the RN went to the "s "breathing was much not aware that LPN #1 had 5 liters. When asked if she was a full code, she stated, pies of the paperwork for							
	#1 stated the resider recliner"). She decide	on 4/12/18 at 4:15 pm, CNA ht was restless ("fidgety in the ed to put him to bed and hirt off, she noticed that he		ø					

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				nt 168-1	Filed 05/21/19			11/08/2018 PPROVED 938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		100 00	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		3354	425	B. WING			C 04/26	6/2018
NAME OF I	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, S	TATE, ZIP CODE		
ALBANY COUNTY NURSING HOME				780 ALBANY SHAKER RO	DAD			
		TEMENT OF DEFINIT			ALBANY, NY 12211			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE Y MUST BE PRECEDI SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD I ED TO THE APPROPR FICIENCY)	BE	(X5) COMPLETION DATE
F 684	Continued From pa	ige 13		F 684	4			
	felt hot. The reside							
	The resident's temp #1. RN #1 showed							
	she did not stay in t							
	did not ask her to c							
	stated that when sh told the LPN, and the							
	LPN #1 was at the	desk when the r	esident's					
	daughter came in. heard yelling comin							
	CNA #1 went into th							
	was partially closed							
	curtain. The daught her cellphone. The							
	upward position. The the top of her lungs	ne daughter was	screaming "at					
	During an interview Director of Nursing							
	assess residents.	LPN's can initiat	e oxygen if a					
	resident is having a							
	"If they come upon low, they then call t							
	condition, so that a	n assessment c	an be done."					
	For a change in contake witake and report							
	take vitals and repo RNs receive SBAR							
	assistance with any	type of medica	l emergency.					
	The DON stated that was not called on 3							
	Code E, it "certainly							
	her sooner. Staff s	hould know the	code status.					
	That's why we have	e a system in pla	ice."					
	During an interview							
	Medical Doctor (ME temperature was "1							
	around "100 - 120."							
	Levaquin (antibiotic							
FORM CMS-2	567(02-99) Previous Versions	Obsolete	Event ID: 6XXV11	F	acility ID: 0030	If continuatio	n sheet Pa	age 14 of 19

	MENT OF HEACTER	ABDOUNNANS SERVIDES	nt 168-1	1 Filed 05/21/19 Page 16 of 20	RINTED: FORM	11/08/2018 APPROVED 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	81 - 10401 F - C-6403 SOC	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		335425	B. WING			26/2018	
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
ALBANY COUNTY NURSING HOME				780 ALBANY SHAKER ROAD ALBANY, NY 12211			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 684	instructions to call t their preferred hosp to. MD #1 was not temperature was "1 dose of the Levaqu the family was called the resident's condi that the family calle when the RN was a Code E should have have prepared to st full code. During an interview the Respiratory The for oxygen administ distress, the respira SATs need to be ch to be evaluated. Ea variables. From the perspective, if the re distress, he would of resident is found in Supervisor should the During an interview the Medical Director response when the respiratory distress physician, I would h called. Then they'd The SBAR form is a LPNs to use and he stated that when the	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 nstructions to call the resident's family regarding their preferred hospital to send the resident out to. MD #1 was not aware the resident's temperature was "103.4 F" until afterwards. One dose of the Levaquin was ordered to start until the family was called. The MD was not aware that the resident's condition worsened until informed that the family called 911. The MD stated that when the RN was attending to another situation, a Code E should have been called. Staff should have prepared to start CPR if the resident was a full code. During an interview on 4/18/18 at 2:06 pm, with the Respiratory Therapist/Director (RT #1) stated for oxygen administration during respiratory distress, the respiratory rate, heart rate, and O2 SATs need to be checked and the resident needs to be evaluated. Each situation has its own set of variables. From the Respiratory Therapist's berspective, if the resident was in respiratory distress, he would check an O2 SAT. When a resident is found in respiratory distress the Supervisor should be called. During an interview on 4/18/18 at 2:55 pm, with the Medical Director (MD #2) regarding the staff's response when the resident was found in respiratory distress, MD #2 stated "As a ohysician, I would have expected the code to be called. Then they'd get a rapid response team." The SBAR form is a good guide for RNs and LPNs to use and helps the MD a lot. MD #2 stated that when the resident's temperature is '103.4", there is no accurate heart rate, and no		34			

		ASDOCUMANSSERVIDES	nt 168-	1 Filed 05/21/19 Page 17 of 2		11/08/2018 APPROVED 0938-0391
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION	COM	E SURVEY PLETED
		335425	B. WING			C 26/2018
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY	COUNTY NURSING H	IOME		780 ALBANY SHAKER ROAD ALBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 684	Continued From pa 10 NYCRR 415.12	ge 15	F 6	84		
F 695 SS=D	Respiratory/Trache	ostomy Care and Suctioning	F 6	95		
	The facility must en needs respiratory ca care and tracheal s care, consistent wit practice, the compr care plan, the reside and 483.65 of this s This REQUIREMEN by: Based on record re abbreviated survey facility did not ensur respiratory care is p with professional st (Resident #1) of fou Specifically, on 3/1/ Resident #1 to rece transcribed onto the Entry system, the re was not monitored, documentation of the evidenced by: Refer to F684 Resident #1: The resident was re 11/10/17, with a dia pulmonary disease behavioral disturba	and tracheal suctioning. sure that a resident who are, including tracheostomy uctioning, is provided such h professional standards of ehensive person-centered ents' goals and preferences, subpart. NT is not met as evidenced eview and interview during an (Case # NY00216244), the re that a resident who needs provided such care, consistent andards of practice for one ur residents reviewed. 18, the physician order for tive 2 liters of oxygen was not e electronic Physician Order esident's respiratory status				

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		AND PHOMAR SEE ∨ DECUME & MEDICAID SERVICES	nt 168-	1	Filed 05/21/19 Page 18 of 20	FORM	11/08/2018 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 - 20			(X3) DATE SURVEY COMPLETED	
		335425	B. WING				C 26/2018
NAME OF P	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY COUNTY NURSING HOME					80 ALBANY SHAKER ROAD ILBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 695	with severe cognitive The facility's policy Oxygen Therapy re- oxygen will be admi- in emergency situat The oxygen order m administration (nas- number of liters per (as needed) admini- specific parameters by the resident's blo- the pulse oximeter. may apply oxygen of their nursing judgm documented on the administration recon- nurse. When a puls oxygen saturation (for on the TAR and or m The Nursing Progree Registered Nurse S at 6:04 pm, docume to have a fever of "" mg given per prn (a congested with exp whistling sound ma SAT "81%" on room via nasal cannula. N (breathing treatment between "180 and 2 above. The respirat the note.	15/18, assessed the resident re impairment. and procedure (P&P) for vised 6/2017, documented inistered by physician order or tions per nursing judgment. must include: type of al cannula or face mask), minute, continuous or PRN stration, indications for use, if the flow rate is determined bod oxygen, as determined by The Registered Nurse (RN) or increase current flow per ent. Oxygen therapy will be resident's TAR (treatment rd) each shift by the licensed the oximeter is used, the O2 SAT) will be documented	F6	95			
	6:10 pm documente						

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		ASDO UMANSSER VIDE6ume & MEDICAID SERVICES	nt 168	-1	Filed 05/21/19 Page 19 of 20	FORM	11/08/2018 APPROVED 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
335425		B. WING				C 26/2018	
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY	COUNTY NURSING	IOME			80 ALBANY SHAKER ROAD ALBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 695	breaths/minute; ten The was no docum oxygen that include (nasal cannula or fa administration (com equipment settings and monitoring of C There was no docu therapy on the TAR The medical record assessment of the and response to the During an interview Licensed Practical left the unit after sh change in condition resident's room abor resident was "breat faster." She increas recall the number of because I thought in check the O2 SAT a vitals. During an interview stated there are no The MD will order of he wants the rate to the excitement, I dii she was paged stat resident's "breathin	COUNTY NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 17 breaths/minute; temperature "103.4" (tympanic). The was no documented physician order for the boxygen that included the oxygen delivery system (nasal cannula or face mask), parameters for administration (continuous or intermittent), equipment settings for the prescribed flow rates, and monitoring of O2 SATs. There was no documentation of the oxygen therapy on the TAR. The medical record did not reflect ongoing assessment of the resident's respiratory status and response to the oxygen therapy. During an interview on 4/10/18 at 3:40 pm, Licensed Practical Nurse (LPN) #1 stated RN #1 left the unit after she assessed the resident for a change in condition. LPN #1 went back into the resident's room about 10 minutes later. The resident was "breathing heavier than normal and faster." She increased the oxygen, but could not recall the number of liters. She stated, "I did it because I thought it would help him." She did not check the O2 SAT and did not check any other vitals. During an interview on 4/12/18 at 3:40 pm, RN #1 stated there are no standing orders for oxygen. The MD will order oxygen and tell the nurse what he wants the rate to be. She stated, "With all of the excitement, I didn't enter an order for it." After she was paged stat and went to the unit, the resident's "breathing was much worse." LPNs can check the O2 SAT. She was not aware that LPN		595			

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DEPAR ⁻ CENTEI		AGEOGHAMOOSSERVIDESumer & MEDICAID SERVICES	nt 168-	·1	Filed 05/21/19 Page 20 of 20	RINTED: FORM MB NO	11/08/2018 APPROVED 0938-0391
AND PLAN OF CORRECTION IDENTIFICATION NUMBER		61 51		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		335425	B. WING				C 26/2018
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ALBANY COUNTY NURSING HOME				8	80 ALBANY SHAKER ROAD LBANY, NY 12211		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 695	Director of Nursing assess residents. L resident is having a come upon a reside they then call the RI so that an assessm check the O2 SAT; CNAs can also use checking the reside the Oxygen policy a and staff are trained it." For a change in to take vitals. They nurse. The nurse er computer system. T for oxygen; there sh Sometimes the MD the O2 SAT. She sta SATs." The nurse ca During an interview the Respiratory The for oxygen adminstr distress, the respiral SATs need to be ch to be evaluated. Ea variables. From the perspective, if the re distress, he would of	w the MD's order. on 4/12/18 at 5:15 pm, the (DON) stated LPNs cannot PNs can initiate oxygen if a respiratory issue. If they ent and the O2 SAT is low, N for the change in condition, ent can be done. LPNs can every unit has 2 devices. them. Regarding the LPN not nt's O2 SAT, she picked up nd stated, "This is our policy when changes are made to condition, staff are supposed should be reporting to the there are no standing orders iould have been an order. gives parameters to maintain ated, "We have to monitor O2 an obtain an O2 SAT. on 4/18/18 at 2:06 pm, with rapist/Director (RT #1) stated ration during respiratory tory rate, heart rate, and O2 ecked and the resident needs ch situation has its own set of a Respiratory Therapist's esident was in respiratory theck an O2 SAT. When a respiratory distress the be called.	F	395			

Event ID: 6XXV11

Facility ID: 0030

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