

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335377	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/25/2020
NAME OF PROVIDER OF SUPPLIER DIAMOND HILL NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 100 NEW TURNPIKE ROAD TROY, NY 12182	
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 record review and staff interviews during an abbreviated survey (Case #NY 396), the facility did not ensure each resident received adequate supervision to prevent accidents for two (Residents #s 1 and 2) of 3 residents reviewed for accidents. Specifically, the facility did not ensure Resident #1, who had severe cognitive impairment, received adequate supervision to prevent an inappropriate physical interaction with Resident #2 who had moderately impaired cognition. This is evidenced by: The Policy and Procedure (P&P) titled Behavior Monitoring dated 4/2013 documented nursing staff were to monitor residents with behavior problems to assess the need for and effectiveness of various interventions. Observation and monitoring would be done on all three shifts for residents with wandering and socially inappropriate sexual behavior. Resident #1: Resident #1 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] documented the resident had severely impaired cognition, usually had the ability to make him/herself understood and could understand others, was independent with ambulation, and wandered. The Comprehensive Care Plan (CCP) for Impaired Cognitive Function, with a revision date of 3/30/2020, documented Resident #1 had impaired cognitive function and impaired thought processes related to dementia. The CCP for Risk for Abuse, with a revision date of 6/9/2020, documented Resident #1 was at risk for abuse related to the verbal or physical aggression of other residents, and staff were to provide a safe environment. The CCP for Elopement Risk/Wanderer, with a revision date of 6/11/2020 documented Resident #1 was at risk for elopement and wandering related to impaired safety awareness. Staff were to distract the resident from wandering by offering pleasant diversions, structured activities, food, conversation, television, books. The Incident and Accident (I&A) dated 6/8/20 at 5:30 PM and a revision date of 6/10/20 at 9:43 AM, documented Resident #1 was found in another resident's room engaging in a sexual act. A predisposing situational factor was identified that Resident #1 was a wanderer. A Social Services note dated 6/8/20 at 8:22 PM, written by the Director of Social Services, documented Resident #1 entered Resident #2's room and was in a compromised position with Resident #2. Resident #2: Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set ((MDS) dated [DATE] documented the resident had mildly impaired cognition, could make him/herself understood and usually understood others. The CCP for Alteration in Behavior, with a revision date of 6/10/2020, documented Resident #2 had sexually inappropriate behaviors and statements made toward others and staff were to redirect him/her when he/she makes inappropriate statements. The CCP also documented Resident #2 had the potential to be physically inappropriate with other residents when the opportunity presented itself, and staff were to monitor for inappropriate behavior. The CCP for Risk to be Abused by Others, with a revision date of 6/10/2020, documented Resident #2 was at risk to be abused by others due to verbal and physical aggression of other residents and staff were to provide a safe environment. A Nursing Progress Note dated 6/9/20 at 8:15 PM by the Nursing Supervisor documented Resident #2 was found by staff performing a sexual act on another resident. The Facility Investigation documented a resident to resident incident on 6/8/20 between Resident #1 and Resident #2. Certified Nursing Assistant (CNA) #1 walked by Resident #2's room and heard moaning. CNA #1 witnessed Resident #1 and Resident #2 engaging in a sexual act. Interviews: During an interview on 7/31/20 at 11:00 AM Licensed Practical Nurse (LPN) #1 stated Resident #1 was known to wander throughout the unit and sometimes into other residents' rooms. Resident #1 often had to be redirected out of rooms and back to the hallway or his/her own room. During an interview on 7/31/20 at 11:05 AM RNUM #2 stated Resident #1 had severe cognitive impairment and was known to wander on the unit and frequently needed to be redirected. During an interview on 8/25/20 at 11:00 AM the Director of Nursing (DON) stated staff were expected to monitor wandering residents and intervene according to their care plans. 10 NYCRR 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.