STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335345	A. Building B. Wing	07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
M M Ewing Continuing Care Center	350 Parrish Street Canandaigua, NY 14424

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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46880 Based on observations, interviews and record review conducted during the Recertification Survey from 7/17/23 to 7/21/23, it was determined that for one (Resident #16) of three residents reviewed for choices, the facility did not ensure the resident's right to retain and use personal possessions as space permits unless to do so would infringe upon the rights or health and safety of other residents. Specifically, Resident #16 was not given permission to purchase a small personal item to keep in their room without a valid reason. This is evidenced by the following: The undated facility policy Residents Rights and Grievance Policy documented that residents have the right to have and use personal possession such as furniture, clothing, and electronics. Resident #16 had diagnoses including Multiple Sclerosis (a disease that affects the immune system and nerves) and hemiplegia (paralysis of one side of the body). The Minimum Data Set (MDS) assessment dated [DATE], documented that Resident #16 was cognitively intact. The MDS Assessment also documented that it was very important for the resident to take care of their personal belongings and things. Review of the Resident #16's Comprehensive Care Plan revealed the resident prefers to take care of their personal belongings and for staff to ensure the resident has access to their favorite things. During observations and interviews on 7/19/23 at 12:29 PM and again at 2:14 PM Resident #16 stated they would like to order a tiny (about 6 inches tall) figurine that they saw online for their room but was told by their (unit) Social Worker (SW) #3 not to order it until the staff checked it out first due to concerns of clutter. The resident's room was a private room with a clear visible path for the resident to transfer and self-propel in their wheelchair and a bookshelf against the wall with figurines and family photographs. Resident #16 pointed to an empty area on the top shelf where they said they wanted to place the figurine but was told several days ago to wait for permission to order it but has not heard anything back. During an interview with the Director of Social Work (DSW) and Registered Nurse Manager (RNM) #1 on 7/19/23 at 1:45 PM, both stated that they told Resident #16 that they could not order the figurine because the resident orders a lot of stuff, and then it becomes a safety issue if it starts to clutter. Neither the DSW or RNM #1 were able to clarify the specific safety concern. At 2:26 PM the DSW stated that they have guidelines for the rooms and that they would ask Resident #16 if they would like to give something up in their room in order to buy the figurine. (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

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/19/23 at 3:06 PM, SW #3 stated they spoke with Resident #16 about decluttering their room and their safety concern was that the figurine was fragile and could get broken. In addition, SW #3 said a staff member from maintenance would have to inspect the resident's room prior to ordering the figurine to ensure that the resident's room was safe. During an interview on 7/20/23 at 10:58 AM, maintenance staff member #4 stated they were there to inspect Resident #16's room (after surveyor interventions) and where the resident wanted the figurine to go for safety issues and stated they had no safety concerns regarding the figurine. During an interview on 7/20/23 at 3:11 PM, the Administrator stated that it is their policy that residents can order decorations as long as the interdisciplinary team did not feel there was a safety concern. The Administrator stated it was the resident's right to order decorations for their room without needing permission from staff. During an interview with Resident #16 on 7/21/23 at 10:55 A.M., the resident said needing permission from staff to order personal items upset them because they felt staff did not listen to or try to understand them. 10 NYCRR 415.3

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. 46526 Based on observations, interviews, and record reviews conducted during a Recertification Survey from 7/17/23 to 7/21/23, it was determined that for one (Resident #271) of one resident reviewed for edema (swelling due to excess fluid in the body's tissues, usually occurring in the lower extremities), the facility did not provide services, as outlined by the resident's person-centered comprehensive care plan (CCP) and physician orders, that met professional standards of quality. Specifically, Resident #271 was observed without TED stockings (compressions stockings used for edema and to prevent blood clots in the lower extremities) as ordered by the physician. Additionally, staff documented that the TED stockings were applied to the resident when they were not. This is evidenced by the following: Resident #271 was recently admitted to the facility with diagnoses that included acute respiratory failure, cirrhosis (liver disease), and a stage IV (full thickness tissue loss involving dead tissue, muscle or bone) pressure ulcer. In nursing progress notes dated 7/15/23 to 7/17/23 several nurses documented that Resident #271 was alert and oriented and had 2+ (grading scale to measure degree of edema from 1+ to 4+) edema to both legs. During an observations and interview on 7/18/23 at 11:52 AM, Resident #271 (identified as alert and oriented by facility and surveyor) stated that they had edema to both lower legs, and that Physical Therapy staff had said that they should start wrapping the resident's legs. Resident #271 was observed to have edema to both legs with a blister-like area to the outside of the right lower leg, near the ankle and was not wearing any compression stockings and legs dependent. Resident #271 stated that they did not have any leg stockings, but that staff told them to elevate their legs, but this caused pain to the resident's buttock area. In a medical note dated 7/19/23 the physician documented that Resident #271's legs were firm with 2+ edema, which extended to the resident's knees. Current physician orders, initiated on 7/19/23 at 10:22 AM, documented thigh high (thighs to toes) TED stockings to be applied in the morning (6:00 AM to 9:00 AM) and removed in the evening (7:00 PM to 10:00 PM). During an observation and interview on 7/20/23 at 1:21 PM, Resident #271 was not wearing TED stockings and their feet were not elevated. Resident #271 stated they (staff) would begin wrapping their legs with stockings. Thigh high TED stockings were observed on the resident's bedside stand. Review of Resident #271 Progress Notes all dated throughtout the day on 7/20/23 and authored by nursing staff did not include any documentation that Resident #271 had refused to wear the thigh high TED stockings. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 7/21/23 at 11:42 AM, Resident #271 was sitting in their room, their feet were on the ground (versus elevated), and the thigh high TEDS stockings remained on the resident's bedside stand in the same spot as previous observation. Resident #271 stated that they had not yet used the stockings. Resident #271 stated they had not told any staff member that they would not wear the stockings. Review of the July 2023 Treatment Administration Record (TAR) for Resident #271 revealed the thigh high TEDs were documented as removed on evening shift on 7/19/23, applied in the morning on 7/20/23 and removed in the evening and refused on 7/21/23. During an interview on 7/21/23 at 11:53 AM, RN #2 stated that for most residents with lower extremity edema, interventions would include some type of compression (TED stockings, ACE wraps or Tubi-grips), encourage elevation, and sleeping in bed (versus a recliner). RN #2 stated that TED stockings are ordered by the physician and that the nurses are responsible for ensuring that the TED stockings are applied and documented in the TAR. RN #2 stated they thought Resident #271 had the TED stockings but that that they had not put them on Resident #271. RN #2 stated that Resident #271 had not refused to wear them. Upon reviewing the July 2023 TAR, RN #2 confirmed that they had documented that they applied the TED stocking but observation at this time revealed Resident #271 was not wearing the TED stockings. During an interview on 7/21/23 at 12:10 PM, Registered Nurse Manager (RNM) #3 stated that TED stockings, ACE wraps or Tubi-grips require a physician order and that the nurses should document putting them on and taking them off. During an interview on 7/21/23 at 1:23 PM, the Director of Nursing (DON) stated that nursing staff are expected to follow medical provider orders, and if the order is questioned, they would expect staff to contact the provider. The DON stated if a resident refused a provider order, they would expect staff to provide education to the resident and reapproach (depending on the resident). Additionally, the DON stated staff are expected to notify the provider if a resident refused an order and to discuss a potential alternative. 10 NYCRR 415.11(c)(3)(i)