

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335465	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/18/2020
NAME OF PROVIDER OF SUPPLIER DAUGHTERS OF SARAH NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 180 WASHINGTON AVE EXT ALBANY, NY 12203	
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 0600 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review and interviews during an abbreviated survey (Case #NY 351) the facility did not ensure a resident's right to be free from abuse for 1 (Resident #1) of 3 residents reviewed for abuse. Specifically, the facility did not ensure Resident #1, who had severe cognitive impairment, was free from abuse by Resident #2 who had mildly impaired cognition. This is evidenced by: The Policy and Procedure (P&P) on Abuse Prohibition and Abuse last reviewed in 6/2020 documented each resident would be free and protected from abuse. Abuse could include verbal, mental, sexual or physical abuse, and that non-consensual sexual contact of any type with a resident, the P&P documented sexual abuse was non-consensual sexual intrusion, touching intimate body parts or the clothing covering intimate body parts. The Investigation Form dated 6/6/20 at 8:00 PM documented Resident #2 had a sexual altercation with Resident #1 in Resident #1's room. Resident #2 was in a wheelchair and seated behind Resident #1 fondling her breasts underneath her night gown. Resident #1 was heard screaming and Certified Nursing Assistant (CNA) #1 separated the two residents. During an interview by the facility, a staff member recalled that on a day shift, Resident #1 was trying to go into Resident #2's room and was redirected. Resident #2 then tried to enter Resident #1's room and needed to be redirected. 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 made herself understood to others and usually had the ability to understand others. The Comprehensive Care Plan (CCP) dated 2/20/15 documented the resident was at risk for exploitation for sexual aggression due to psychotic medications, decreased mobility, intermittent confusion, progressive dementia, being hard of hearing and language barrier. A Nursing Progress Note dated 6/6/20 at 10:07 PM, written by the Clinical Coordinator-Licensed Practical Nurse (LPN) documented Resident #2 was observed fondling Resident #1's breasts. Resident #1 appeared upset at the time and did not respond when asked what had happened, instead gave a blank look. The police stated that due to both residents having dementia, there was really nothing they would do. A Social Service Altercation Progress Note dated 6/7/20 at 12:23 PM, by the Director of Resident Life (DRL) documented follow up was attempted to discuss the resident to resident incident that occurred the evening before. Resident #1 could not understand because she was hard of hearing and did not speak English. Resident #1's representative (RESREP) was called. Resident #2: Resident #2 was admitted to the facility with [DIAGNOSES REDACTED]. The MDS dated [DATE] documented the resident was cognitively intact. A Nursing Progress Note dated 6/6/20 at 9:12 PM documented Resident #2 was observed in Resident #1's room fondling her breasts. A Social Service Altercation Progress Note dated 6/7/20 at 12:08 PM by the (DRL) documented Resident #2 admitted touching Resident #1's breasts. The Psychologist Progress Note dated 6/11/20 at 6:10 PM, documented the resident was seen for discussion of an incident on 6/6/20. Resident #2 stated he felt embarrassed about what he had done with Resident #1. Resident #2 was assessed as having Major [MEDICAL CONDITION], recurrent episode, mild degree. The treatment goal was for the resident to work to maintain appropriate boundaries between himself and his peers, and refrain from engaging in sexual behaviors with other residents. Interviews: During an interview on 7/10/20 at 2:00 PM the RNUM stated Resident #2 had an extensive psychiatric history and dementia, and had a cognitive decline in the past 2-3 months. During an interview on 7/10/20 at 12:15 PM the Administrator stated Resident #2 went into Resident #1's room. He came up behind her and grabbed her breasts while she was changing her clothes. Resident #1 yelled out and CNA #1 arrived and broke it up. During an interview on 7/14/20 at 2:05 PM, Resident #1's RESREP stated Resident #1 was distraught and shocked when she discussed the incident with her and that if Resident #1 was still able to think clearly Resident #1 would have wanted to press charges against Resident #2. During an interview on 8/20/20 at 2:45 PM the Director of Nursing and the DRL stated Resident #1 and Resident #2 both had the capacity to consent and capacity to make daily decisions. Resident #1 was able to verbalize what she wanted and what she did not want, and screamed when the abuse happened, indicating that was something she did not want. 10 NYCRR 415.4 (b)(1)(i)</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.