STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335405	A. BUILDING _____ B. WING _____	**07/06/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
FERNCLIFF NURSING HOME CO INC	**21 FERNCLIFF DRIVE RHINEBECK, NY 12572**

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	**Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.** Based on observation and interview during an abbreviated survey (Case #NY 785), the facility did not ensure resident environment remains as free of accident hazards as is possible for 1 (Resident #1) of 4 residents reviewed. Specifically, the facility did not ensure that a bottle of chemical solution was labeled and kept out of reach of the resident, who was severely impaired. This resulted in no actual harm with potential for more than minimal harm that is not immediate jeopardy. This is evidenced by: During an observation on 7/3/20 at 10:45 AM, there was a spray bottle with a yellowish solution in it and wt written on the bottle, that was on the handrail in the COVID wing. There were no staff on the wing, which was separated from the rest of the unit by a set of closed fire doors. Resident #1, who had severely impaired cognitive skills, was wandering around in the hall. During an interview on 7/3/20 at 10:50 AM, the housekeeper (HK) stated the cleaner should not have been left on the handrail because there were residents who wandered around. The HK stated she did not know what was in the bottle and that it should have been labeled. She opened the bottle, smelled the contents, and stated it smelled like bleach. During an interview on 7/3/20 at 2:15 PM, the Infection Control Preventionist (ICP) stated that everyone played a role with chemicals and they should not be out where residents cannot reach them. During an interview on 7/13/20 at 9:50 AM, the Facility Supervisor stated that he was responsible to ensure that solutions used on the units were properly labeled. He did not know what wt stood for. Additionally, the bottle should not be left on the handrail; all chemicals were supposed to be labeled, never left unattended and locked in the lock box on the housekeeping cart. NYCRR 415.12(i)(1)

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.