Document # 12

Certification of Susan Baker
NYS Department of Health
02/07

EXHIBIT 42
CMC 2/26/07

CERTIFICATION

STATE OF NEW YORK
COUNTY OF ERIE } ss.:

SUSAN BAKER, being duly sworn, deposes and says:

I am Long Term Care Program Director, Western Regional Office, New York State Department of Health; I hereby certify that the attached document is a true copy of a document in my custody and control from the files of the Western Regional Office.

Susan Baker
SUSAN BAKER

Sworn to before me this
day of February, 2007

Jacquelynne A. Gioulekas
NOTARY PUBLIC

JACQUELYNNE A. GIOULEKAS
Notary Public, State of New York
Qualified in Erie County
My Commission Expires February 3, 2007

SURVEYOR NOTES WORKSHEET

Facility Name: GRACE MANOR HCF
Provider Number: 33-5807
Observation Dates: From 10/31/06 **To** 11/3/06
Surveyor Name:
Surveyor Number: **Discipline:**

TAG/CONCERNS	DOCUMENTATION
	ROSTER
1.	[redacted]
2.	[redacted]
3.	[redacted]
4.	[redacted]
5.	[redacted]
6.	[redacted]
7.	[redacted]
8.	[redacted]
9.	[redacted]
10.	[redacted]
11.	[redacted]
12.	[redacted]
13.	[redacted]
14.	[redacted]
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18.	[redacted]
19.	[redacted]
20.	[redacted]
21.	[redacted]
22.	[redacted]
23.	[redacted]
24.	[redacted]
25.	BAITY, LULA
26.	[redacted]
27.	[redacted]
28.	[redacted]

MENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335807	A. BUILDING _____ B. WING _____	C 11/15/2006

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE MANOR HEALTH CARE FACILITY	10 SYMPHONY CIRCLE BUFFALO, NY 14201

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 329	Continued From page 12 evidence of agitated or aggressive behaviors. During an interview with the RN/RCC on 11/3/06 at 1:00 PM, it was learned the resident's physician did not initial the Report of Initial Diagnostic Interview dated 1/16/06 and was not made aware of the Psychologist's recommendations to discontinue Zyprexa and one tranquilizer. 2. Resident #25 was admitted from the hospital to the nursing home on 10/10/03. Review of an "Admission Medical Assessment" dated 10/16/03 revealed diagnoses of poorly controlled hypertension, atrial fibrillation, elevated ventricular rate, and Alzheimer's type dementia. The "medications" section of the form documented to "see orders". Review of admission physician orders dated 10/10/03 revealed an order for Risperdal (antipsychotic medication) 0.5 milligrams (mg) orally once per day. Review of the Medication Administration Records (MARs) for 10/03 through 1/04 revealed the resident received Risperdal 0.5 mg once daily. Review of the Minimum Data Set (MDS) dated 10/15/03 revealed the resident had severely impaired cognition. The MDS also documented there was no disordered thinking/awareness and no mood and behavior abnormalities. Review of the physician "Admission Medical Assessment" dated 10/16/03 and physician progress notes from 10/10/03 through discharge on 1/10/04 revealed no documented evidence of indications for the use of Risperdal, no diagnosis to support the use of an antipsychotic medication, and no documentation of psychosis, delusions, or hallucinations. Review of nurses' notes dated	F 329		

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F 329	Continued From page 13 10/10/03 through 1/10/04 revealed no documented evidence of psychotic behavior including delusions or hallucinations. A psychiatric evaluation conducted on 1/7/04 also revealed no evidence of psychotic behavior including delusions or hallucinations. Interview with the resident's physician on 10/26/06 at 3:00 PM revealed the physician initially ordered the Risperdal on admission because this was one of the medications the resident was discharged on from the hospital. When asked what the rationale was for maintaining the resident on the Risperdal through discharge on 1/10/04, the physician stated that she could not comment. 415.12(l)(1)	F 329		