

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335142	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2025
NAME OF PROVIDER OR SUPPLIER Heritage Park Rehab & Skilled Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Prather Avenue Jamestown, NY 14701	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. (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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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review conducted during a Complaint investigation (NY00363355-806626 and NY00359730-806683) completed on 09/12/2025, the facility did not ensure sufficient nursing staff to attain or maintain the highest practicable physical, mental, and psychosocial wellbeing of each resident. Specifically, the facility did not ensure there was sufficient nurse staffing to meet the needs of the resident in accordance with their preferences and plans of care. The findings are: Review of the Dear Administrator letter 23-11 dated 06/30/23 sent to the nursing home administrators informing them that starting 04/01/2022 nursing homes were required to have an average daily staffing of 3.5 hours of care per resident per day with 2.2 hours for Certified Nurse Aides and 1.1 hours for Licensed Practical Nurses or Registered Nurses. The Facility Assessment, review dated 01/30/2025, documented the assessment is required by the nursing home Requirements of Participation to identify and analyze the facility's resident population and identify the personnel, physical plant, environmental and emergency response resources needed to competently care for the residents during the day-to-day operations and emergencies, including nights and weekends. The facility is licensed for 146 beds with an average daily census of 134. The facility will ensure that there is sufficient and competent staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care. Additionally, the Facility Assessment documented the following total number needed or average or range of nursing staff including days, evenings, nights, and weekends:- Licensed nurses providing direct care 2.5-8- Nurse Aides 4.5-17 Review of the Direct Care Staffing report dated 08/10/2025=09/10/2025 of nursing staff directly responsible for nursing care documented the following:- 08/30/2025 - resident census 121; Licensed Practical Nurse and Registered Nurse hours 84.24 or .7 hours per resident per day; Certified Nurse Aide hours 140.93 or 1.1 hours per resident per day. Based on the census there was not the required number of Licensed Nurse or Certified Nurse Aide hours per day.- 08/31/2025 - resident census 121; Licensed Practical Nurse and Registered Nurse hours 89.95 hours or .7 hours per resident per day; Certified Nurse Aide hours 13.69 hours or 1.0 hours per resident per day. Based on the census there was not the required number of Licensed Nurse or Certified Nurse Aide hours per day.- 09/05/2025 - resident census 123; Licensed Practical Nurse and Registered Nurse hours 97.76 or .75 hours per resident per day; Certified Nurse Aide hours 110.5 hours or .7 per resident per day. Based on the census there was not the required number of Licensed Nurse or Certified Nurse Aide hours per day. The Aspen Complaints/Incidents Tracking System (ACTS) complaint #NY00359730, Internet Quality Improvement & Evaluation System (iQIES) complaint #806683, documented the complainant reported 11/05/2024 Resident #9 for three (3) days, had an incontinent brief soaked with urine and was not cleaned up for the day related to staffing concerns. The Aspen Complaints/Incidents Tracking System (ACTS) complaint #NY00363355, Internet Quality Improvement & Evaluation System (iQIES) complaint #806626, documented the complainant reported 12/09/2024 Resident #10 did not have their brief changed regularly and would sit in the same incontinent brief from 8 AM to midnight related to staffing concerns. Resident #1 had diagnoses which included dysphagia (define), vascular dementia, and hypertension (high blood pressure) The Minimum Data Set (resident assessment tool) dated 06/18/2025 documented the resident had severe cognitive impairment and required substantial/maximal (helper does more than half the effort) assistance with eating. During an observation on 09/10/2025 at 8:45 AM Resident #1 was observed eating breakfast in their room with no staff present. Resident #2 had diagnoses which included protein calorie malnutrition, dementia, and chronic kidney disease. The Minimum Data Set, dated [DATE] documented the resident had severe cognitive impairment. The undated Comprehensive Care Plan documented Resident #2 required partial/moderate assistance with eating. During an observation on 09/10/2025 at 8:46 AM Resident #2 was observed eating breakfast in their room with no staff present. During an observation on 09/08/2025 at 12:05 PM Resident #8 was observed just given their lunch tray by Certified Nurse Aide # 3. Certified Nurse Aide #3 set the tray on the overbed table and exited the room. The resident was not dress and wearing a soiled incontinence brief. Resident #8 was struggling to sit up in bed to reach their meal tray. During an observation on 09/08/2025 at 12:20 PM Resident #6 was observed eating lunch in bed. During observations on the second floor on 09/10/2025 from 8:29 AM through 9:10 AM several residents that required supervision/touching assistance with eating were observed eating in their rooms with no staff</p>		