

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335172                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY<br>COMPLETED<br><br>02/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Comprehensive Rehabilitation and Nursing Center At                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>147 Reist Street<br>Williamsville, NY 14221 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                 |
| F 0921<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | <p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review completed during a survey, the facility did not provide a safe, functional, sanitary, and comfortable environment for residents, staff, and the public. Specifically, a project to replace the facility's roof began and was interrupted from being completed during and due to inclement seasonal weather. The issues involved various ceiling tiles that were missing or stained throughout the facility; buckets and receptacles, and buckets and receptacles containing standing water and drain hoses from ceilings were stored in corridors and a resident room bathroom; tarps with drain hoses were hung from the corridor's ceiling assemblies; floor tiles were not level to the floor's surface, and ceiling's had missing plaster and peeling paint. This affected three (3) (Units 1/2, Unit 5, and Unit 6) of three (3) resident units and one (1) of one (1) Kitchen and one (1) of one (1) Kitchen stairway. The findings are: 1.Observations of the exterior of the building on 02/05/2026 at 8:20 AM revealed a blue tarp was covering part of the Unit 1-2 roof. Additional observations made from the Second floor Conference room on 02/05/2026 at 8:36 AM revealed a blue tarp covering part of the Unit 1-2 roof. During an interview on 02/05/2026 between 12:45 PM and 1:45 PM, the Maintenance Director stated the roof over Unit 1-2 was leaking and an outside contractor was hired to perform a total roof tear-off. They stated the outside contractor started work in December 2025 by removing the stones and the waterproof layer from the existing ballast roof. The contractors got about halfway down the 100s corridor when the weather turned, and work stopped. The contractors had not yet completed the job. The Maintenance Director stated they believed there was no written plan or schedule from the contractor for the roofing project. The Maintenance Director stated the roof over Unit 5 needed patching due to roof leaks. They stated that when water leaked in from the roof, the ceiling tiles got damaged, and each day, they assessed the condition of the ceiling tiles. Ceiling tiles that were soft and wet were replaced and ceiling tiles that were hard and dry were not replaced. During an interview on 02/05/2026 at 3:55 PM, the Administrator stated a roofing contractor was selected in October 2025 to replace the roof above the 100s corridor and 200s corridor (Unit 1- 2). The roof needed total replacement. The Administrator stated the start of the project was delayed until December 2025 due to the permit process. The decision to remove the Unit 1-2 roof in December was made because the weather at the beginning of December was not as bad as it usually was and the roofing contractor stated they could complete the work to replace the roof in three (3) weeks. The Administrator stated that the roof contractor called the Administrator a couple days before they came onsite to start work on the roof. After starting the project, the contractors paused their work due to changes in the weather, outdoor cold temperatures, wind, and snow. The Administrator stated the facility did not have a written safety schedule for the roof project and that the contractor verbally told them that the roof above the 100s corridor would take three (3) weeks to complete. Additionally, the Administrator stated they were aware of roof leaks on Unit 5 and Unit 6 since December 2025, and the facility was in the process of obtaining quotes to patch the roof in those areas. Since December, the Maintenance Director has been implementing interim measures to try to control the leaks. The roof contractor was last onsite on 02/02/2025, removed the snow from (continued on next page)</p> |                                                                                          |                                                 |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>the roof on Unit 1- 2, and put a tarp over the roof. Review of the New York State Department of Health Electronic Certificate of Need System revealed the facility applied for a 'Construction Notice' with a project description of: Roof Above the Rehab Unit 1- 2 Will be removed and replaced. The project received date 12/30/2025. Review of the Construction Notice safety plan revealed the following:- A written construction schedule will be maintained, and every effort will be made to adhere to the schedule.- The construction schedule will be created in collaboration with the Construction Team (the Team) which includes our Project Manager, the contractor, the administrator, the director of nursing, and the admissions coordinator.- Changes in the construction schedule will be discussed and/or communicated to the Team by the Project Manager and/or the contractor as soon as possible to minimize any disruption to residents, families, and/or staff.- Every Possible effort will be made to minimize disruption to residents' normal routines. 2. Observation on Unit 1-2 on 02/05/2026 between 8:32 AM to 9:50 AM revealed a roof leak in Resident room [ROOM NUMBER]. Two (2) water drain hoses extended through a hole cut through the solid ceiling of the bathroom in Resident room [ROOM NUMBER]. The drain hoses directed water into a 44-gallon receptacle, which contained approximately six (6) inches of standing water, a disposal brief, a vinyl glove, and a funnel. During an interview on 02/05/2026 between 12:45 PM and 1:45 PM, the Maintenance Director stated the water leaked from the roof into the bathroom in Resident room [ROOM NUMBER] started about one (1) month ago. At that time, they attached two (2) separate funnels to the sub-ceiling above and directed drain hoses into the can below, which caught the leaks so the floor would stay dry for the residents During an interview on 02/05/2026 at 3:15 PM, Registered Nurse Unit Manager #2 stated they worked at this facility for about one (1) month, and the drain hoses and catch bucket in the bathroom of Resident room [ROOM NUMBER] were set up prior to their start at the facility. During an additional interview on 02/05/2026 at 5:00 PM, Registered Nurse Unit Manager #2 stated both residents who reside in Resident room [ROOM NUMBER] were care-planned to use the toilet with assistance, which would likely be the toilet in their room. 3a. Observations on Unit 1-2 on 02/05/2026 between 8:32 AM and 9:50 AM revealed evidence of active and inactive roof leaks as follows: -Two (2), 5-gallon buckets were stored in the corridor near Resident room [ROOM NUMBER]. Each bucket had a water drain hose that originated at the ceiling, that emptied into a bucket. -One (1), 5-gallon bucket was stored in the center of the corridor near Resident room [ROOM NUMBER], the bucket contained approximately 2 inches of standing water, and approximately one eighth of an inch of water was puddled on the floor around the bucket. -One (1), 6-foot-long by 6-foot-wide tarp suspended from the ceiling in the center of the corridor near Resident room [ROOM NUMBER]. The tarp had a water drain hose from its center that directed water into a 32-gallon receptacle. The receptacle contained approximately 6 inches of standing water. The center of the tarp was approximately 68 inches above the corridor floor. -Two (2) tarps measured approximately 10-foot-long by 4-foot-wide were suspended from the ceiling in the center of the corridor near Resident room [ROOM NUMBER]. The tarps each had a water drain hose from its center that directed water into a 32-gallon receptacle. The receptacle contained approximately six (6) inches of standing water. The center of the tarps were approximately 68 inches above the corridor floor. -Two (3), 5-gallon buckets and one (1) 1-gallon trash receptacle attached to a 1-gallon jug were stored along the right side of the corridor, between the resident lounge and exit door #2 near Resident room [ROOM NUMBER]. -Three (3), missing ceiling tiles and seven (7) sagging water-stained ceiling tiles in the corridor near Resident room [ROOM NUMBER]. -Three (3), water-stained ceiling tiles in the corridor between the Housekeeping Room and Resident room [ROOM NUMBER]. -Three (3), missing ceiling tiles and four (4) water-stained ceiling tiles in the corridor near Resident room [ROOM NUMBER]. -One (1), ceiling tile sagging in the corridor near Resident room [ROOM NUMBER]. -Two (2), water-stained ceiling tiles in the skylight perimeter in the 100s corridor. -Seven (7) water-stained ceiling tiles at the end of the 100s corridor, near Resident room [ROOM NUMBER]. -Two (2) water-stained ceiling tiles in the 200s corridor, near Resident room [ROOM NUMBER]. During an interview on 02/05/2026 at 8:50 AM, Resident #1 stated roof leaks have been (continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>present in the hallway since they were admitted to the facility during the second week of January. Resident #1 noted that buckets were being used to collect water. During an interview on 02/05/2026 at 9:05 AM, Resident #2 stated they had been at this facility for about two (2) months and stated, It has been raining in the hall ever since I got here. Resident #2 further stated on some days, they had to dodge the buckets and wet floor in the corridor. During an interview on 02/05/2026 at 2:47 PM, Resident #4 stated they had been living at this facility for about two (2) months. They stated water had leaked into the buckets in the hallway for about four (4) to six (6) weeks. During an interview on 02/05/2026 at 2:55 PM, Resident #5 stated they had been living at this facility for about one (1) month, and water had been leaking into the buckets in the hallway since they moved in. During an interview on 02/05/2026 at 3:15 PM, Registered Nurse Unit Manager #2 stated they worked at this facility for about one (1) month, and the tarps and buckets had been in the 100s corridor since then. They stated during the last month they noticed water dripping from the ceiling in the 100s hall, not heavy leaking, but the air temperatures outside had been too cold for snow and ice to melt. Registered Nurse Unit Manager #2 stated they had only observed water leaking in the corridor, not in resident rooms, except for Resident room [ROOM NUMBER]. During an interview on 02/05/2026 at 9:30 AM, Housekeeper #1 stated water leaking from the roof has been an on-going problem. They also stated water still leaked into the 100s and 200s corridors and water damage caused the floor tiles in the 200s corridor to curl up. During an interview on 02/05/2026 at 2:40 PM, Certified Nurse Aide #3 stated buckets were set up in the 100s corridor first, then about two (2) months ago the water collection tarps were added. During an interview on 02/05/2026 at 3:10 PM, Certified Nurse Aide #4 stated the tarps were installed on the ceiling in the 100s corridor sometime around January 1st, 2026. 3b. Observation on Unit 5 on 02/05/2026 between 9:58 AM and 10:40 AM revealed evidence of active and inactive roof leaks as follows: - One (1), 5-gallon bucket located at the angled area outside of the Therapy room. The bucket contained approximately 1-inch of standing water.-Two (2), 4-foot-long by 2-foot-wide ceiling tiles had been moved on top of other ceiling tiles resulting in a 4-foot-long by 2-foot-wide opening in the ceiling assembly in Resident room [ROOM NUMBER].-Two (2), water-stained ceiling tiles and one (1) missing ceiling tile in Resident room [ROOM NUMBER], with a nearby 5-gallon bucket.- One (1), 6-foot-long by 4-foot-wide tarp was suspended from the ceiling near Resident room [ROOM NUMBER]. The tarp had a water drain hose from the center that directed water into a 5-gallon bucket located on the right side of the corridor. The bucket contained approximately two (2) inches of standing water.-Five (5), water-stained ceiling tiles in the corridor near Resident room [ROOM NUMBER]-One (1), water-stained ceiling tile in Resident room [ROOM NUMBER]-Seven (7), water-stained ceiling tiles in the corridor near Resident room [ROOM NUMBER]-One (1), water-stained ceiling tile in Resident room [ROOM NUMBER], with an area of wall damage below that measured 5 inches wide by 5 feet high.-One (1) drain hose originating from the ceiling in the corridor near Resident room [ROOM NUMBER]. The drain hose directed water into a 5-gallon bucket located on the right side of the corridor.-Three (3), 5-gallon buckets near Resident room [ROOM NUMBER]. One (1) drain hose was directed into one (1) of the 5-gallon buckets.-One (1), 4-foot-long by 3-foot-wide piece of linoleum that was formed into a U-shape was wedged into the corridor ceiling tile grid near Resident room [ROOM NUMBER] above the three (3) 5-gallon buckets along the right side of the corridor. A 1-foot-long by 3-foot-wide section of the piece of linoleum was hanging below the corridor ceiling grid directed toward the buckets near Resident room [ROOM NUMBER]. During an interview on 02/05/2026 at 10:20 AM, Certified Nurse Aide #1 stated they had worked at the facility since November 2025 and the roof leaks on Unit 5 had been happening since they started. Certified Nurse Aide #1 stated the roof on Unit 5 leaked when it rained outside and when snow from the roof melted. They added, when it leaks, it leaks bad.During an interview on 02/05/2026 at 1:35 PM, the Maintenance Director stated they set up the ceiling tarp outside of Resident room [ROOM NUMBER] about two (2) months ago to catch water leaking from the roof.During an interview on 02/05/2026 at 1:40 PM, the Maintenance Director stated they set up a contraption to collect the leaking water inside (continued on next page)</p> |                                                                                          |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Comprehensive Rehabilitation and Nursing Center At                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>147 Reist Street<br>Williamsville, NY 14221 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| <p>F 0921</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>and outside of Resident room [ROOM NUMBER] about two (2) months ago. They stated they placed a bed pan with a drain above the ceiling tiles at the entry of Resident room [ROOM NUMBER] to catch the leaks, then a sheet of vinyl was placed to direct the water to the buckets in the corridor outside of Resident room [ROOM NUMBER]. They stated it was the best they could do to minimize resident impact while waiting for roof repairs.3c. Observation on Unit 6 on 02/05/2026 between 10:40 AM and 11:05 AM revealed evidence of active and inactive roof leaks as follows:-Two (2), water-stained ceiling tiles in Resident room [ROOM NUMBER]-Two (2), water-stained ceiling tiles and one (1) sagging ceiling tile in the corridor near Resident room [ROOM NUMBER]-Seven (7), water-stained ceiling tiles in the corridor between Resident Rooms #607 and #612-Three (3), water-stained ceiling tiles in the Resident LoungeDuring an interview on 02/05/2026 at 11:00 AM, Licensed Practical Nurse #1 stated that water leaked from the roof in the hallway outside of Resident room [ROOM NUMBER] when it rained and when snow melted. They further stated water leaked from the sagging ceiling tile in the hallway outside of Resident room [ROOM NUMBER], but that was the only active leak on Unit 6.During an interview on 02/05/2026 at 11:00 AM, Registered Nurse Unit Manager #1 stated there was one (1) active leak from the roof on Unit 6 and it came from outside of Resident room [ROOM NUMBER]. They stated it leaked when the ice above thawed, or it rained. The individual ceiling tiles that were water-stained elsewhere on Unit 6 were from previous leaks and were not active.During an interview on 02/05/2026 between 12:45 PM and 1:45 PM, the Maintenance Director stated collection tarps were installed from the ceiling in the 100s corridor about one (1) month ago and the tarps and buckets near Resident Rooms #524 and #536 in the 500s corridor were set up about two (2) months ago.During an interview on 02/05/2026 at 4:40 PM, the Director of Nursing stated they first saw the buckets collecting roof leaks in the 100s corridor around September 2025. The Director of Nursing stated around mid-December 2025, contractors stripped the top layer of the roof over the 100s corridor, which made the situation worse, and the ceiling tarps were added at that time. Some ceiling tiles may be stained but do not have an active water leak. There have been short periods of time when a ceiling tile was missing, but they would notify the Maintenance Director, and the ceiling tiles would always be replaced. The Director of Nursing stated they were not aware of any active water leaks in resident rooms, but they were aware of the water leak in the bathroom of Resident room [ROOM NUMBER].4. Observation in the Kitchen on 02/05/2026 between 12:10 PM and 12:28 PM revealed evidence of active and inactive roof leaks as follows:- About one-third of a 2-foot-long by 2-foot-wide ceiling tile was broken and missing in the Large Kitchen Ancillary Room, with an active water drip onto the floor.-One (1), 2-foot-long by 2-foot-wide ceiling tile was missing above the dishwasher machine.-One (1), water collection tarp was suspended from the ceiling above the three-bay sink, with a drain hose from the center of the tarp, directed into the three-bay sink-The Kitchen stairway ceiling had an area of fallen plaster that measured 6 feet long by 5 feet wide, with the wire mesh exposed-The solid ceiling in the Kitchen's rear stock hallway had an area of peeled paint that measured 4-feet long by 3-feet wideDuring an interview on 02/05/2026 at 12:23 PM, Dietary Aide #1 stated the tarp was installed in the Kitchen ceiling a few weeks ago because water was leaking from the roof. Dietary Aide #1 also stated water leaked from the ceiling of the Kitchen stairway when it rained and the ceiling damage in the stairway was made worse every time the stairway door slammed shut.During an interview on 02/05/2026 at 12:30 PM, the Food Service Director stated there was a slow drip from the roof in the Large Kitchen Ancillary Room, which caused the ceiling tile damage. They stated the drip comes and goes, but it was a constant problem about six (6) months ago, it was repaired and had started to drip again. The Food Service Director also stated the dishwasher machine was repaired recently and the ceiling tile above it needed to be put back into place. Additionally, they stated the ceiling tarp above the three-bay sink was put up about two (2) months ago on a rainy day, and if it rains or the snow on the roof above the Kitchen melts, it will leak into the tarp. The Food Service Director stated a roof leak also caused ceiling damage in the Kitchen stairway, and that started about six (6) months ago. They stated the solid ceiling in the rear stock hallway had a water (continued on next page)</p> |                                                                                          |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 07/18/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335172                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>02/05/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Comprehensive Rehabilitation and Nursing Center At                                             |                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>147 Reist Street<br>Williamsville, NY 14221 |                                                 |
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| F 0921<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | leak only one (1) time, which was within 24 hours of the leak above the three-bay sink, which caused<br>the paint to peel, but it had not leaked since.10 New York Code Rules Regulations 415.29 |                                                                                          |                                                 |