

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on observation, interview and record review conducted during the survey, the facility did not ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, were reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation did not involve abuse and do not result in serious bodily injury, to the State Survey Agency for one (1) (Resident #4) of three (3) residents reviewed. Specifically, the Administrator was notified of an injury of unknown origin to Resident #4's left hand and it was not reported to the State Agency as required. The finding is: The policy titled Abuse Reporting revised 10/24/22, documented all alleged suspected violations of abuse are required to be promptly reported to appropriate state agencies. Federal Regulation requires the reporting of all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source, are reported to the department of health immediately, but not later than two (2) hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury, or not later than twenty-four (24) hour if the events that caused the allegation do not involve abuse and do not result in serious bodily injury, to the administrator and to other officials (including to the State Survey Agency) in accordance with State law. Resident #4 had diagnoses including vascular dementia with mood disturbances, cerebral vascular accident (stroke), and aphasia (absence or difficulty with speech). The Minimum Data Set (a resident assessment tool) dated 10/02/2025 documented Resident #4 had unclear speech, was severely cognitively impaired, was usually understood, and usually understands. Additionally, Resident #4 displayed physical and verbal behavioral symptoms, and rejected care. The Resident Care Profile (a guide used by staff providing care) dated 10/14/2025 documented Resident #4 was confused and agitated. Their decision making was severely impaired. Behavioral symptoms and interventions included poor safety awareness, noncompliance, staff were to redirect, provide reassurance, distraction, decrease stimuli, and use a calm reassuring voice. The comprehensive care plan dated 10/01/2025 documented Resident #4 had noncompliance related to memory problems, rejection of care, and behaviors; and at risk of injury related to osteoarthritis, stroke, and resistance to activities of daily living care. Interventions included to recognize right to refuse care and utilize behavior modification strategies. The Incident report dated 10/14/2025 at 8:30 AM, documented injury of unknown origin, the resident's left index finger was swollen, slightly bruised, and was discovered by Certified Nurse Aide #2. The medical provider was notified, and an x-ray of the left hand and wrist were ordered. The Witness Statement dated 10/14/2025 at 8:15 AM by Certified Nurse Aide #2 documented while providing morning care to Resident #4 they noticed their left index finger and knuckle to be swollen and beginning to bruise. Certified Nurse Aide #2 reported the concern to Licensed Practical Nurse #2. The Witness Statement dated 10/14/2025 at 8:15 AM by Licensed Practical Nurse #2 documented incident was reported to</p> <p>(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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 335180	Facility ID: 335180 If continuation sheet Page 1 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Registered Nurse Manager #1. The Witness Statement dated 10/14/2025 (untimed) by Certified Nurse Aide #3 documented on 10/13/2025 while putting Resident #4 to bed they became very combative and hit the aide several times. When they left Resident #4's room, they did not notice any marks or bruises. The radiology report dated 10/14/2025 at 4:15 PM, documented the resident had an oblique (slanted, diagonal) fracture (break) involving the second proximal (closer to the point of attachment to the body) phalanx (finger bone). Review of the facility's undated, untitled investigation report signed by the Administrator documented that Resident #4 had displayed behaviors since admission but with their decline in cognitive status, the incidents of combativeness with care were more frequent due to their increased need for care. The Administrator documented that on 10/14/2025, Resident #4 was noted to have a swollen finger. A Registered Nurse assessment was completed and the x-ray obtained showed an oblique fracture of the second phalanx. Resident #4 was sent to an orthopedic provider for follow up care and healing occurred without incident. The Administrator documented that they did not believe any abuse, mistreatment or neglect had occurred with Resident #4. During an observation and interview on 02/26/2026 at 11:35 AM, Resident #4 was sitting in their wheelchair at a table in the dining/common area on the unit across from the nurse's station. Staff wheeled Resident #4 to their room without concern. Resident #4 was unable to state whether anyone had hurt them or how they fractured their finger. Resident #4 was calm, did not appear scared or in distress at this time. There was no bruising or any injuries observed and they had no difficulty moving their hands. During an interview on 02/26/2026 at 11:45 AM, Registered Nurse #1, Unit Manger stated they were not involved in Resident #4's incident on 10/14/2025. They stated Resident #4 is combative with hands on care, they attempt to hit, kick, and grab staff. They stated all injuries of unknown origin should be reported to the Department of Health. They stated injuries of unknown origin need to be investigated to make sure there is no abuse, neglect or mistreatment involved. They stated an injury of unknown origin should be reported to the Department of Health two (2) hours after discovery. Registered Nurse #1, Unit Manger stated the Administrator does all the reporting to the Department of Health and believed Resident #4's incident was reported to the Department of Health. During a telephone interview on 02/26/2026 at 1:01 PM, Certified Nurse Aide #2 stated they were assigned to Resident #4 on 10/14/2025. Upon going in to provide morning care, the resident was in bed, and they discovered Resident #4's knuckles of their index finger, middle finger to be swollen, discolored and they were unable to move their fingers. They stated they notified Licensed Practical Nurse #2 immediately. They stated they had cared for Resident #4 two days prior, and their hand was fine. During an interview on 02/26/2026 at 1:15 PM, Certified Nurse Aide #3 stated they were assigned Resident #4 on 10/13/2025 and that Resident #4 was combative during care. They stated they did not remember if Resident #4's hand encountered anything in their environment during care, and they denied any abuse towards Resident #4. During a telephone interview on 02/26/2026 at 1:34 PM, Licensed Practical Nurse #5 verified they were the overnight nurse assigned to Resident #4 on 10/13/2025 into 10/14/2025. They stated no concerns regarding Resident #4's left hand was brought to their attention, nor did they observe Resident #4's hand that night. They stated if an injury of unknown origin had been brought to their attention they would have reported it immediately to the nursing supervisor. They stated Resident #4 is well known to be abusive towards staff during care. During an interview on 02/26/2026 at 1:56 AM, the Assistant Director of Nursing stated Resident #4's injury of unknown origin was reported to them on 10/14/2025 in the morning. They stated they completed the accident/incident report, notified a medical provider, family, and the Director of Nursing. They stated for injuries of unknown origin they go back 72 hours and collect statements from staff. The Assistant Director of Nursing stated the Director of Nursing and the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Administrator complete investigations related to abuse and injuries of unknown origin are supposed to be reported to the Department of Health within a two (2) hour window. During an interview on 02/26/2026 at 2:03 PM, the Director of Nursing stated Resident #4's injury of unknown origin was brought to their attention during rounds the morning of 10/14/2025 and they reported it to the Administrator. They reported to the Administrator the injury of unknown origin to Resident #4's hand and the order for an x-ray. They stated the Administrator completes the reporting to the Department of Health and the investigation summary, conclusion. The Director of Nursing stated of course the Administrator should have notified the Department of Health within the first two (2) hours of being notified; it was an injury of unknown origin. During an interview on 02/26/2026 at 3:28 PM, the Administrator stated injuries of unknown origin, abuse, mistreatment, neglect are to be reported to the Department of Health two (2) hours after they were notified. The Administrator stated they had no reason to believe that abuse occurred and did not report the incident. They stated in retrospect they should have reported Resident #4's injury of unknown origin because it is regulation. They stated they ruled out abuse and believed that during an episode of combativeness with hands on care, Resident #4 wacked their hand, finger on something in their environment (headboard, bed frame, etc.). 10 NYCRR 415.4(b)(2)(4)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Based on observation, interviews and record review conducted during a survey, the facility did not ensure that menus were followed and prepared to meet resident choices and nutritional needs in accordance with established national guidelines for one (1) of one (1) kitchen. Specifically, on 02/25/2026 the kitchen did not prepare an adequate amount of the posted lunch meal to serve all residents. Additionally, during meal observation residents did not receive food/beverage items that were listed on their meal tickets. This involved Residents #2, #5, #6, and #7. The findings are: The policy titled Food and Nutrition Services dated 11/02/2017, documented that each resident is provided with a nourishing, palatable, well-balanced diet that meets their daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Reasonable efforts will be made to accommodate resident choices and preferences. Food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident. The policy titled Tray Identification dated 05/01/2017, documented appropriate identification/coding shall be used to identify various diets. The Food Services Department will use appropriate identification to identify the various diets and special considerations. Review of the Week at a Glance Fall/Winter Menu 25/26 Week 1 revealed on Wednesday 02/25/2026 the lunch meal consisted of stuffed shells, two (2) each; Italian vegetables, four (4) ounces; dinner roll, one (1) individual; and pie- various, one (1) piece. Alternative, one (1) egg salad sandwich. The dinner meal consisted of one (1) individual turkey and Swiss sandwich; sweet potato fries, four (4) ounces; buttered corn, four (4) ounces; and mandarin oranges, four (4) ounces. Review of the monthly Resident Council meeting notes revealed the following dietary issues/ concerns:-January 2026 food is out of stock and food supplies are low-February 2026 missing items, steak was hard to cut, running out of stuff During an interview on 02/24/2026 at 12:34 PM, Resident #5 stated they do not receive condiments on their trays, portion sizes are small, and the food is served cold. During an interview on 02/24/2026 at 12:43 PM, Licensed Practical Nurse #1 stated there are a lot of food complaints from the residents such as the food is not eatable, is cold, and does not look good. They stated the food that is served to the residents does not look appealing to them and they would not eat it. During an interview on 02/24/2026 at 1:31 PM Certified Nurse Aide #1 stated there are a lot of resident complaints regarding the food. They stated residents complain about there not being enough food, food being cold and unhappy with food provided. Certified Nurse Aide #1 stated the presentation of the meals are terrible, food is just slopped on the tray. They stated condiments, like creamers, sugar, salt and pepper are very rarely provided on resident trays per meal ticket. They stated the kitchen does not utilize bases under the plates to help keep food warm, plates are just placed on the trays. During a telephone interview on 02/24/2026 at 1:51 PM, Licensed Practical Nurse #3 stated residents' meal tickets never match what is provided on their trays due to menu changes, or lack of supplies. They stated there are no condiments on the units and residents are not provided with them as indicated on their meal ticket. They stated the residents deserve better; this is their home. During an observation and interview on 02/25/2026 at 8:53 AM, Resident #2's meal ticket indicated one (1) jelly and four (4) ounce apple juice. Resident #2 stated no jelly or apple juice was provided on their tray and they would have liked those items. The resident's breakfast tray was observed without jelly and apple juice. During an observation and interview on 02/25/2026 at 8:55 AM, Resident #5's meal ticket indicated they were to have a four (4) ounce orange juice and one (1) jelly. Resident #5 stated they did not receive jelly or orange juice and would have liked to. They stated they were not provided with sugar and would have eaten their oatmeal if they had received sugar. The resident's breakfast tray</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>on their tray table was observed without orange juice, jelly, and their oatmeal was uneaten. During an interview on 02/25/2026 at 8:55 AM, Licensed Practical Nurse #1 stated they requested jelly and juice from the kitchen for the residents this morning and were told by kitchen staff there was none available. During an interview on 02/25/2026 at 9:22 AM, Licensed Practical Nurse #4 stated residents complain about the food all the time. The residents complain that the food is cold, edges of the toast are hard, they question what items on the tray are, and that the food is unappealing. Licensed Practical Nurse #4 stated there are no juices stocked on the unit to give to the residents, and the residents are sick of always receiving water. Licensed Practical Nurse #4 stated they must search for condiments, and it is hit or miss if they are available. Licensed Practical Nurse #4 stated the food at the facility is not something they would eat or allow their family to eat; it is not presentable or appealing. Observation and interview during the lunch meal tray line on 02/25/2026 from 11:54 AM-12:37 PM revealed:-at 12:00 PM the kitchen staff were discussing that there were not enough shells and meat sauce to complete all resident lunch trays. Dietary Supervisor #3 stated there was not enough food pulled out to prepare for the meal.-at 12:11 PM, the kitchen ran out of stuffed shells and were unable to complete the third-floor dietary carts per meal tickets. The Clinical Dietician/Food Service Director #1 stated they did not know what happened. They stated they ordered the same amount of shells as always, two (2) boxes and were not sure why they ran out. The Clinical Dietician/Food Service Director #1 stated the alternate was an egg salad sandwich but there was not enough to cover for the lack of shells. Kitchen staff were observed to be placing breaded chicken patties in the oven to serve. A few trays were served prepared stuffed shells with [NAME] sauce that were available for residents that did not like red sauce.-at 12:14 PM, the Clinical Dietician/Food Service Director #1 stated twenty (20) residents were unable to receive stuffed shells per the menu.-12:18 PM-12:30 PM Clinical Dietician/Food Service Director #1 stated kitchen staff were utilizing stuffed shells prepared with [NAME] sauce to use them up. Seven (7) trays were prepared with an egg salad sandwich in place of stuffed shells. The remaining trays were prepared with a breaded chicken patty on a roll without condiments and/or sauce. Insulated plate bases were observed to be utilized as lids to cover the plates on the trays and the plates were not completely covered. -at 12:31 PM the first dietary cart to the third floor left the kitchen; the second cart with eleven trays was prepared with chicken patty sandwiches.-at 12:36 PM, the second third floor (and last) dietary cart left the kitchen. During an interview on 02/25/2026 at 12:43 PM and 1:00 PM, the Dietary Supervisor #2 stated they took all the stuffed shells they had available out of the freezer and cooked everything. They stated they did not know it was not enough, and they should have counted them. They stated they thought residents were only going to be given one (1) shell not two (2). The Dietary Supervisor #2 stated they should have looked at their production sheets as it tells them how much each resident is to receive but that the sheets are confusing. They stated it was important for residents to receive the proper portion sizes, so they do not go hungry, and they receive what is on the menu/meal ticket. Dietary Supervisor #2 stated they were unable to provide orange juice, regular sugar packets, jelly packets on the breakfast trays that morning because they had run out of the supply. During an interview on 02/25/2026 at 12:48 PM, Dietary Supervisor #3 stated they had come in early today to help and did not realize there was not going to be enough stuffed shells. They stated a count should have been done to verify amount upon preparing them by Dietary Supervisor #2. They stated residents should receive all items indicated on their meal ticket including condiments, so they have what they need and do not become upset. During an interview on 02/25/2026 at 1:06 PM, the Clinical Dietician/Food Service Director #1 stated that they and the Assistant Food Service Director #2 complete the ordering for the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Northtowns, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 2799 Sheridan Drive Tonawanda, NY 14150	
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)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>kitchen. They stated usually two (2) boxes of stuffed shells is enough. They stated ordering is based on the resident census and menu. They stated the product description and quantity should be reviewed when ordering. Clinical Dietician/Food Service Director #1 stated it was important for residents to receive indicated items on their meal ticket to meet nutritional needs. They stated food vendors make substitutions if there is not enough of the ordered product without notifying them. They stated condiments should be readily available for resident satisfaction, enjoyment, and quality of life. They stated unfortunately orange juice was not available as the wrong item was received. They stated their scheduled food service delivery is on Thursdays. During an interview on 02/25/2026 at 1:30 PM, Assistant Food Service Director #2 stated production sheets should be used when preparing meals. The production sheets indicate the amount of each food item needed and how it is to be prepared. They stated the dinner meal was being changed for that evening due to not having any Swiss cheese. They stated the Swiss cheese was used last week. They stated the dinner meal was being changed to a hot dog, French fries, green beans, and chilled sliced pears and meal tickets were being changed to reflect that. They stated residents come down directly to the kitchen to complain about the food, usually regarding taste. During an interview on 02/25/2026 at 2:24 PM, Resident #6 stated they did not receive stuffed shells with red sauce and would have liked to. They stated they did not receive orange juice that morning with breakfast or any sugar and they minded. During an interview on 02/25/2026 at 2:38 PM, Resident #7 stated they hardly ever receive what is on their meal ticket. They stated they are told the same thing by kitchen staff all the time, we ran out of this, and we had to substitute for what was on the menu. They stated the kitchen staff does not care about what the residents eat as long as there are three (3) meals served. Resident #7 stated they received an egg salad sandwich for lunch today and it was crappy. They stated they should have received the stuffed shells with red sauce because that is what they expected and what was on the menu. Resident #7 stated orange juice, cranberry juice and apple juice are never provided as the facility does not have them. They stated the kitchen has been making and giving out a fruit punch made from a powder for over a year as the juice option and they do not like it. During an interview on 02/26/2026 at 3:28 PM, the Administrator stated the Food Service Directors should have recognized the quantity change on the stuffed shells when ordering and ordered the proper amount, so they did not run out. They stated the residents should receive what is stated on the menu and should have all items listed on their meal ticket, including condiments, because that is what they want; it is their preference. They stated the meal ticket should reflect what the resident is receiving on their tray as it is nutritionally approved for that resident receiving it. Additionally, they stated the facility has had issues with deliveries, receiving the wrong items and/or deliveries going to other facilities. They stated if they knew something was out of stock, they would get it, but it needs to be communicated to them. 10 NYCRR 415.14 (c)(1-3)</p>		