

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Greenfield Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5949 Broadway Lancaster, NY 14086	
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 interview and record review conducted during a survey the facility did not ensure that all alleged violations involving abuse were reported immediately, but not later than two (2) hours after the allegation is made, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law for one (1)(Resident #1) of three (3) residents reviewed for abuse. Specifically, an allegation of witnessed staff to resident abuse was not reported to the administrator immediately and to the State agency within the required time frames. The findings are: A policy and procedure titled Resident Abuse Investigation and Reporting dated January 2023 documented that all employees are required to report an act of resident abuse by a staff member or another resident immediately to their supervisor upon knowledge of the alleged abuse. Resident #1 was admitted to the facility with diagnoses of dementia and difficulty in walking. The Minimum Data Set (a resident assessment tool) dated 02/20/2026 documented the resident was severely cognitively impaired. The comprehensive care plan dated 12/23/2024 (current) documented that the resident had verbal, physical behavior and had a difficult time communicating with others related to dementia. It documented that staff were to intervene to protect the resident and others, redirect any negative behaviors, remove from situation, and take to another location. Review of the progress notes dated 02/01/2026 to 02/25/2026 documented that Resident #1 had incidents being combative with hands on care, threw objects at staff, hit and slapped staff. Review of a complaint report #2749147 dated 02/18/2026 at 9:30 PM, documented that Certified Nurse Aide #2 witnessed Certified Nurse Aide #1 choking and calling Resident #1 names. Certified Nurse Aide #2 took Resident #1 out of Resident #1's room and away from Certified Nurse Aide #1. Certified Nurse Aide #1 stated that they did not call Resident #1 any names or choke the resident. It was also documented that Certified Nurse Aide #1 stated that they did not push the resident, but they kept Resident #1 at arm's length due to Resident #1 hitting them Interview on 2/25/2026 at 8:41 AM, Resident #1 stated that they were not afraid of any of the staff members. Interview on 02/25/2026 at 8:50 AM, Certified Nurse Aide #4 stated that Resident #1 was unpredictable with their behaviors. Certified Nurse Aide #4 stated that when Resident #1 had behaviors, they leave the resident alone and reapproach later. Certified Nurse Aide #4 stated that they would report any abuse right away to their supervisor or charge nurse. Certified Nurse Aide #4 stated they were trained about abuse and abuse reporting regularly and at orientation. Interview on 02/25/2026 at 9:08 AM, Certified Nurse Aide #2 stated that the observed Certified Nurse Aide #1 choke Resident #1, heard Certified Nurse #1 call Resident #1 explicative names, and pushed Resident #1 out of their room in an aggressive manner at about 9:30 PM on 02/18/2026. They stated that they had removed Resident #1 from the situation. They stated they reported the incident to Resident Care Coordinator #1 the next morning, because they did not realize what they saw until the next day. Interview on 02/25/2026 at 10:34 AM, Certified Nurse Aide #1 stated they did not push or choke</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: 335182	Facility ID: 335182 If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335182	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2026
NAME OF PROVIDER OR SUPPLIER Greenfield Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5949 Broadway Lancaster, NY 14086	
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>Resident #1 and did not call Resident #1 any names. They stated they attempted to keep Resident #1 at arm's length because Resident #1 had punched them. Interview on 02/25/2026 at 10:14 AM, Registered Nurse Resident Care Coordinator #1 stated that on 02/19/2026 at approximately 10:40 AM Certified Nurse Aide #2 told them about what happened on 02/18/2026 during the afternoon shift with Certified Nurse Aide #1 and Resident #1. Registered Nurse Resident Care Coordinator #1 stated at that time they had asked Certified Nurse Aide #2 why they didn't report the allegation right away, and Certified Nurse Aide #2 had replied to them, I don't know. Registered Nurse Resident Care Coordinator #1 stated at 10:45 AM that same day they went with Certified Nurse Aide #2 and reported the allegations to the Administrator. Registered Nurse Resident Care Coordinator #1 stated they expected staff to report allegations of abuse to them or the supervisor right away. They stated that Certified Nurse Aide #2 should have reported the incident right away. Interview on 02/25/2026 at 11:27 AM, Registered Nurse Supervisor #1 stated that no one reported any abuse allegations to them during the evening shift on 02/18/2026. They stated that staff were expected to report any incidents of abuse or suspected abuse right away to them or to their Resident Care Coordinator. Interview on 02/25/2026 at 11:40 AM, the Administrator stated that if any employee suspected abuse, they need to report it right away to a supervisor or to their Resident Care Coordinator. They stated that when they spoke with Certified Nurse Aide #2 and asked them why they didn't report it right away. Certified Nurse Aide #2 stated to them that Certified Nurse Aide #2 was in shock and didn't realize what happened until the next morning when they reported to their Resident Care Coordinator. The Administrator also stated the allegation was not reported in a timely manner. 10 New York Code Rules Regulation 415.4(b)(4)</p>		