

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335202	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2025
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nursing at Batavia		STREET ADDRESS, CITY, STATE, ZIP CODE 257 State St Batavia, NY 14020	

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. (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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on observation, record review, and interview conducted during an Abbreviated survey (Complaint #2651892) the facility did not ensure residents had the right to choose activities, schedules, and health care consistent with their interests, assessments, and plan of care for one (1) (Resident #1) of three (3) residents reviewed for choices. Specifically, Resident #1 was not provided showers twice a week per their preference. The findings are: The policy and procedure titled Shower/Tub Bath dated 01/2025 documented showers or tub bath will be offered per the resident's preference. The policy and procedure titled Resident Rights dated 01/2025 documented federal and state laws guarantee certain basic rights to all residents of the facility. These rights include the resident's rights to self-determination. Resident #1 had diagnoses including hemiplegia (paralysis on one side of the body) and hemiparesis (weakness of one side of the body) of the right side, major depressive disorder and anxiety disorder. The Minimum Data Set (a resident assessment tool) dated 08/15/2025 documented the resident was understood, understands and was cognitively intact. The Minimum Data Set documented that it was very important for Resident #1 to choose between a tub bath, shower, bed bath, or sponge bath. The Kardex (a guide used by staff to provide care) dated 12/04/2025 documented the resident' bathing schedule: shower Monday and Thursday 7:00 AM - 3:00 PM shift. The undated Unit B Shower Schedule documented Resident #1 was scheduled to have a shower on Monday and Thursdays during the 7:00 AM - 3:00 PM shift. Review of the Progress Notes dated 10/04/2025 through 12/04/2025 revealed there was no documented evidence Resident #1 had received or refused their showers. Review of the Follow Up Question Report dated 10/05/2025 through 12/04/2025 documented Resident #1 received a shower on 10/07/2025, 10/09/2025, 10/10/2025 and 11/18/2025. During an observation on 12/04/2025 at 9:20 AM Resident #1 was sitting up in a standard chair in their room dressed in a long sleeve tee shirt and sweatpants. Their hair was long and greasy. A sign was posted on the wall next to the television that documented their shower days were on Monday and Thursdays during the 7:00 AM - 3:00 PM shift. During an interview on 12/04/2025 at 9:21 AM, Resident #1 stated they been at the facility for a few years and their niece and other friends visit. Resident #1 stated they were supposed to get a shower two times a week and the resident pointed to the sign on the wall. Resident #1 stated they do not get what they prefer most of the time and hopes to get a shower today. They could not recall when the last time they had a shower maybe three weeks ago. Resident #1 stated they were embarrassed the way they look when they have company. During an interview on 12/04/2025 at 1:35 PM, Certified Nurse Aide #1 stated Resident #1 never refuses their showers. There was a note on the wall in their room indicating shower days. It is also documented on the care plan and on the daily assignment sheet. All residents should receive their showers per their preference. During an interview on 12/05/2025 at 10:01 AM, Licensed Practical Nurse #1 Unit Manager stated Resident #1 requested a shower two (2) times a week on the 7:00 AM -3:00 PM shift. They were unaware Resident #1 was not getting showers two times a week per their preference and stated they should be getting them. During an interview on 12/05/2025 at 10:10 AM the Director of Nursing stated they knew that it was an issue Resident #1 was not getting their showers per their preference. The ombudsmen brought it to our attention about a week ago. The Director of Nursing was unsure if the resident refused their showers in the past or they were just not provided. The unit managers, and the nurses were supposed to ensure the residents receive their showers on their weekly skin inspection day. They discussed implementing shower aides for each unit but have not implemented anything thus far. All residents should be getting their showers per their preference. During an interview on 12/05/2025 at 10:27 AM, the Administrator stated the ombudsman brought Resident #1's shower concern to their attention and that the resident was unhappy about missing their showers. The Administrator stated they were looking into other options since staffing levels were much improved, like assigning a shower aide to each unit. 10NYCRR 415.5 (b) (1,3)</p>		