

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335408	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2026
NAME OF PROVIDER OR SUPPLIER Wedgewood Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5 Church Street Spencerport, NY 14559	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review conducted during the Recertification Survey and complaint investigation (Intake ID: 2673831), the facility did not provide housekeeping and maintenance services necessary to maintain a safe, clean, comfortable, and homelike environment for 9 of 15 resident rooms (Rooms #11, #13, #14, #15, #16, #17, #21, #22, and #23) and one (1) of one (1) ventilation system. Specifically, there were damaged baseboard radiators, exhaust ventilation was not functional resulting in foul odors, boxes of supplies were stored outside in the snow, there was a damaged electrical outlet cover, and a bathroom faucet was corroded. The findings include: Observations on 02/09/2026 at 9:10 AM included approximately eight (8) boxes of Medline supplies setting on a wooden pallet, covered with snow outside the loading dock. Observations on 02/10/2026 at 9:22 AM included a wooden pallet outside the loading dock with multiple boxes of supplies with snow on top, including but not limited to: disposable nebulizers, Micro-Kill One wipes, drain sponges, bed pans, and dry cleansing wipes. During an interview at this time, the Director of Environmental Services stated the supplies were probably delivered last Friday (02/06/2026). Observations on 02/10/2026 at 9:38 AM included the baseboard radiator cover in resident room [ROOM NUMBER] had come loose and exposed an approximately one (1)-foot-long section of the radiator fins. Observations on 02/10/2026 at 12:16 PM included the sink faucet was heavily corroded and flaking in the shared bathroom for rooms #15 and #17. Observations on 02/10/2026 from 12:20 PM to 12:30 PM included there was no air being drawn through ceiling exhaust grates in: the shared bathroom for rooms #11 and #13, the shared bathroom for rooms #14 and #16, and the shared bathroom for rooms #21 and #23. Additionally, there was a significant foul odor of urine and feces in the shared bathroom for rooms #11 and #13, and there were two (2) full garbage bins in this bathroom. Observations on 02/10/2026 at 12:33 PM included the cover plate for the four (4)-receptacle electrical outlet below the center television in room [ROOM NUMBER] was cracked and damaged exposing the interior of the lower electrical box. Observations on 02/10/2026 at 12:36 PM included the baseboard heater covers were heavily bent, chipped and damaged in room [ROOM NUMBER]. Additionally, the door to the bathroom in this room was very difficult to open due to the door catching on the flooring. During an interview on 02/11/2026 at 1:40 PM, the Director of Maintenance stated a vendor was onsite repairing the rooftop exhaust unit because it was not getting enough power to run properly. 10 NYCRR: 415.29, 415.29 (h)(1, 2)(i)(1, 3)(j)(1)</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: Facility ID: 335408	If continuation sheet Page 1 of 1