

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335640	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Delaware Oaks Center for Rehabilitation and Nursi		STREET ADDRESS, CITY, STATE, ZIP CODE 1205 Delaware Avenue Buffalo, NY 14209	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>00924</p> <p>Based on observation, interview, and record review completed during a complaint investigation (#NY000373627), the facility did not ensure provision of a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections for one (Resident #1) of three residents reviewed for infection control practices. Specifically, Resident #1 was on enhanced barrier precautions (interventions designed to reduce transmission of multi-drug-resistant organisms (MDRO) including gown and glove use during high contact resident care activities) and staff did not wear proper personal protective equipment (gowns) during hands-on care while dressing, changing briefs, changing linens and performing wound care.</p> <p>The finding is:</p> <p>The facility's policy titled Barrier Enhanced Precautions last reviewed 1/2024 documented Enhanced Barrier Precautions expands the use of PPE (personal protective equipment) and designates the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs (multi-drug-resistant organisms) to staff hands and clothing. The use of gown and gloves for high-contact resident care activities is indicated for nursing home residents with wounds and/or indwelling medical devices regardless of MDRO (multi- drug-resistant organisms) colonization as well as for residents with MDRO (multi- drug-resistant organisms) infection or colonization. High contact resident care activities include, but are not limited to dressing, bathing/showering, transferring residents that require extensive hands-on assistance, changing linens, changing briefs or assisting with toileting that requires extensive hands-on assistance, device care or use, and wound care (chronic wounds rather than skin tears and abrasions).</p> <p>Resident #1 had diagnoses including hemiplegia (weakness of one side of body) and hemiparesis paralysis on one side of body) following cerebral infarction (stroke), osteomyelitis (infection of the bone) of the lumbar vertebrae (back), and a chronic sacrococcygeal (area above the tail bone on right and left buttocks and the tail bone) pressure ulcer. The Minimum Data Set (a resident assessment tool) dated 2/11/2025, documented Resident #1 had mild cognitive impairment, usually understood, and usually understands. Resident #1 required partial/moderate assistance for personal hygiene, and was dependent on staff for toileting hygiene, mobility to roll from side to side, and lower body dressing. In addition, Resident #1 had two stage II pressure ulcers (a partial-thickness skin loss involving the epidermis and/or dermis. It can look like a scrape (abrasion), blister, or a shallow crater in the skin) and one stage 4 (IV) pressure ulcer (extend to muscle, tendon, or bone).</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
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Comprehensive Care Plan initiated on 02/7/25 revealed Resident #1 was at risk for infection related to osteomyelitis (infection) of vertebra lumbar (lower back) region with plans for enhanced barrier precautions and the resident required staff assistance for toileting and personal hygiene.</p> <p>During an observation on 3/19/2025 at 9:28 AM a sign for enhanced barrier precautions was posted on Resident #1's door and directed staff to utilize gowns and gloves for hands on care. Two Certified Nurse Aides #1 and #2, were observed at the resident's bedside wearing gloves, but no gowns preparing to provide hands on care after setting up the wash basin and linens. At 9:34 AM Certified Nurse Aide #2 gave the resident a wet washcloth to clean their face. The resident washed their face and gave the soiled washcloth to Certified Nurse Aide #2. Certified Nurse Aide #1 adjusted an incontinence pad underneath the resident's buttocks and helped undress the resident in preparation for toileting care. Certified Nurse Aide #2 washed the resident's perineum (genitals). At 9:38 AM Certified Nurse Aide #1 turned the resident towards Certified Nurse Aide #2 and during the task both Certified Nurse Aides' uniform clothing came in contact with the resident's bed linens. There was a large, bordered gauze dressing intact and clean on the resident's sacrum and buttocks. Certified Nurse Aide #1 washed the exposed area of the resident's buttocks. At 9:40 AM the resident was rolled on their other side toward Certified Nurse Aide #1. Licensed Practical Nurse #1 entered the room without donning (putting on) a gown and applied a treatment to the resident's buttocks after washing her hands and donning gloves. During the treatment the Licensed Practical Nurse #1's uniform came in direct contact with the bed linens. At 9:52 AM Certified Nurse Aide #2 asked Certified Nurse Aide #1 if Resident #1 was on precautions. Certified Nurse Aide #1 said no. At 9:53 AM Licensed Practical Nurse #1 completed wound care on a second wound on the resident's upper thigh. At 9:56 AM the two Certified Nurse Aides removed the soiled linens and placed clean linens on the bed which required rolling the resident from side to side.</p> <p>During an interview on 3/19/2025 at 9:58 AM, Licensed Practical Nurse #1 stated Resident #1 was on enhanced barrier precautions because of the open wounds; however, they didn't wear a gown because they knew the resident's wounds did not have any secretions. A gown was used to protect for soilage or contamination. Licensed Practical Nurse #1 stated enhanced barrier precautions were implemented for resident care to prevent transmission of infections.</p> <p>During an interview on 3/19/25 at 10:15 AM, Certified Nurse Aide #2 stated they didn't realize Resident #1 was on enhanced barrier precautions that was why they asked Certified Nurse Aide #2 if the resident was on precautions. Certified Nurse Aide #2 stated that they were relatively new and still learning the facility's practices and could not recall if they had received any education regarding enhanced barrier precautions. Certified Nurse Aide #2 stated they would wear what the personal protective equipment listed on the sign and verify this with other staff members.</p> <p>During an interview on 3/19/25 at 1:15 PM, Certified Nurse Aide #1 stated they didn't realize Resident #1 was on enhanced barrier precautions because they didn't notice the Personal Protective Equipment (PPE) set up located to the left of the door. Certified Nurse Aide #1 stated if the resident's door was open and the sign was not visible, they usually don't look to the left of the door. Certified Nurse Aide #1 stated the Personal Protective Equipment set-up was probably just put there yesterday or today. Certified Nurse Aide #1 stated the purpose of the precautions was to prevent the spread of infection.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/21/2025 at 3:32 PM, the Director of Nursing stated that Resident #1 was on enhanced barrier precaution because of their wound care for a Stage IV open pressure ulcer. Residents with wounds were supposed to be on enhanced barrier precautions which required staff to wear a gown and gloves during direct hands-on care. This included wound treatments, toileting hygiene, dressing, and changing linens to prevent the spread of infections.</p> <p>During a telephone interview on 3/26/25 at 3:23 PM, the Registered Nurse Infection Control Preventionist stated the facility implemented enhanced barrier precautions when residents have wounds that require wound care, and that Resident #1 had been on enhance barrier precautions during their entire length of stay in the facility. Staff were required to wear a gown and gloves during hands on care, changing linens, and providing wound care to prevent transmission of potential infections for staff and other residents and it is the responsibility of the entire team to enforce these infection control measures.</p> <p>10 NYCRR 415.19(a)(2)</p>		