STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335642	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gowanda Rehabilitation and Nursing Center	100 Miller Street Gowanda, NY 14070

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review conducted during survey, the facility failed to ensure the resident environment remained as free of accident hazards as possible for one (Resident #1) of five residents reviewed. Specifically, the facility failed to provide Resident #1 with their medically prescribed diet, resulting in an avoidable choking accident. Subsequently, Resident #1 expired. This resulted in harm that is Immediate Jeopardy and Substandard Quality of Care to Resident #1's health and safety.The findings include:The facility policy and procedure titled Food Consistencies reviewed 01/2026 documented the facility was committed to ensuring that all residents receive meals that are prepared and served in accordance with their assessed needs, prescribed diets, and physician or speech-language pathologist recommendations. The facility shall provide each resident with a diet that meets daily nutritional and special dietary needs, including appropriate food texture modifications to prevent complications such as aspiration (taking foreign matter into the lungs), choking, or malnutrition.The facility policy and procedure titled The Dining Experience reviewed 03/2026 documented nursing staff will provide ongoing supervision and monitoring of residents during meal service to ensure a safe dining environment. All residents, including those who are independent with eating, will be observed for any signs of difficulty such as choking, coughing, swallowing concerns, or changes in condition requiring intervention. Any identified concerns will be promptly addressed and communicated to the interdisciplinary team for further evaluation as indicated.Review of the job description for Unit Helper, dated 01/10/2022, documented Unit Helpers/Resident Assistants assist independent residents with their meal set up, pass out and pick up resident trays at mealtime on unit, assist with serving meals in the dining room, and maintain safety needs of residents.Review of the undated job description Certified Nursing Assistant documented functions included assists or feeds residents as indicated, serves water and nourishment, serves and collects trays, observes residents and notes physical condition, attitude, reactions, appetites and reports changes or unusual findings.Resident #1 had diagnoses which included profound intellectual disabilities (the most severe level of intellectual developmental disorder), dysphagia (difficulty swallowing), and congenital rubella syndrome (when the German measles pass to a developing baby). The Minimum Data Set (a resident assessment tool) dated 03/22/2026 documented Resident #1 rarely/never understands others, was not assessed if they could make themselves understood, and was severely cognitively impaired. Additionally, the Minimum Data Set documented, Resident #1 held food in their mouth/cheeks or had residual food in their mouth after meals. On admission and while a resident of the facility, Resident #1 required a mechanically altered diet.Review of the Nutritional Comprehensive assessment dated [DATE] revealed Resident #1 was alert to self only, had a diet order of mechanical soft texture, and utilized their hands to eat and shoveled food in their mouth.Review of the Speech Language Pathologist Evaluation and Plan of Treatment dated 03/17/2026 revealed Resident #1 had a rapid rate of intake with large bite sizes, mild oral residue between bites with attempts to take additional bites before clearing.Review of the Comprehensive Care Plan, revised on 03/18/2026, revealed Resident #1 had a potential for alteration in swallowing related to diagnosis of dysphagia and diet of mechanical (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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