STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335647	A. Building B. Wing	07/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsville Suburban, L L C	163 South Union Road Williamsville, NY 14221

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 38878 Based on observation, interview, and record review conducted during an Abbreviated survey (Complaint # NY00321134), the facility did not ensure that the resident's person-centered care plan was implemented to meet the resident's medical and nursing needs for three (Residents #1, #2, and #3) of six residents reviewed for care planning. Specifically, Residents #1, #2 and #3 were care planned for the use of a stop sign across their room door to deter other residents from entering and they were not provided with one. The findings are: The policy and procedure titled Comprehensive Care Plans with a revision date of 2/1/2018 documented an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Each resident's comprehensive care plan is designed to reflect the resident's expressed wishes regarding care and treatment goals. 1. Resident #1 had diagnoses including anxiety, depression, and diabetes mellitus (high blood sugar). The Minimum Data Set (a resident assessment tool) dated 5/24/24 documented the resident was understood, understands and was cognitively intact. Resident #1 Care Profile (guide used to provide resident care) dated 7/24/24 documented the resident requested a door stop sign on their bedroom door entrance. The comprehensive care plan for Resident #1 dated 11/10/23 documented the resident was at risk for resident altercation. Resident #1 had one to one contact with another resident with interventions including keep away from other residents exhibiting behaviors and protect resident from potential harm. The comprehensive care plan did not include documentation regarding the use of a stop sign on the resident room door. During intermittent observations between 7/22/24 through 7/24/24 from 9:00 AM through 2:00 PM revealed there was no stop sign across Resident #1's bedroom door. During an interview on 7/22/24 at 10:20 AM, Resident #1 stated there were residents that would walk into their room often, a resident across the hall would come in and lay in their bed. Resident #1 stated they used to have a stop sign across their door but has not had one in a long time. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/22/24 at 10:46 AM, Licensed Practical Nurse #1 stated Resident #1 used to have a stop sign across their door and was unsure why there was not one now. 2. Resident #2 had diagnoses including anxiety, diabetes mellitus, and bipolar disorder (a mental illness that causes unusual shifts in a person's mood). The Minimum Date Set dated 4/12/24 documented Resident #2 was understood, understands and was moderately cognitively impaired. Resident #2 Care Profile dated 7/24/24 documented the resident preferred a stop sign placed at the door. The comprehensive care plan for Resident #2 with an implementation date of 6/3/23 documented the resident was at risk for resident altercation and the resident would be safe from harm by peers. Interventions included to keep away from residents exhibiting behavioral symptoms and protect resident from potential harm. The comprehensive care plan did not include documentation regarding the use of a stop sign on the resident room door. During intermittent observations between 7/23/24 and 7/24/24 from 9:00 AM through 2:00 PM revealed there was no stop sign across Resident #2's bedroom door. During an interview on 7/23/24 at 2:30 PM, Resident #2 stated they used to be in a different room and other residents would come in and out and they did not like that, and other residents would take their belongings. 3. Resident #3 had diagnoses including dementia, depression, and atrial fibrillation (irregular and offend very rapid heart rhythm). The Minimum Date Set dated 5/31/24 documented the resident was usually understood and usually understands and was moderately cognitively impaired. Resident #3 Care Profile dated 7/24/24 documented use a stop sign on the resident door at all times. The comprehensive care plan for Resident #3 with an implementation date of 11/3/22 documented the resident was at risk for resident altercation with interventions including keep resident engaged to reduce possible chance of wandering near residents exhibiting behaviors. The comprehensive care plan did not include documentation regarding the use of a stop sign on the resident room door. During intermittent observations between 7/23/24 and 7/24/24 from 9:00 AM through 2:00 PM revealed no stop sign across Resident #3's bedroom door. During an interview on 7/23/24 at 12:32 PM, Resident #3 stated they used to have a stop sign across their door as residents used to come into their room and go through their stuff. The sign had not been on the door in a long time and the resident didn't know why it was not there and they would like it on their room door. During an interview on 7/23/24 at 12:46 PM, Certified Nurse Aide #1 stated stop signs across resident doors were used to deter other residents from entering another resident's room. They were unsure where to find the information or who should have one and it might be on the comprehensive care plan in the kiosk. They would ask the Unit Manager if the resident would need one or if it was missing. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 7/23/24 at 12:59 PM, Registered Nurse Unit Manager #1 stated the stop signs were used to deter other residents from entering the resident's room. They were unsure if it was documented on the care plan and were unsure if any residents on the unit required the use of a stop sign across their door. They would have to check with the Assistant Director of Nursing or the Director of Nursing. During an interview on 7/23/24 at 1:33 PM, the Assistant Director of Nursing stated stop signs on resident room doors were documented on the resident comprehensive care plan and might be on the resident care profile but was unsure. They also stated they believed audits were completed to ensure the stop signs were in place with the comprehensive care plan review every 90 days or as needed. The Unit Managers were responsible to ensure the stop signs were in place. During an interview 7/24/24 8:44 AM, the Director of Nursing stated stop signs would be documented on the comprehensive care plan and the Unit Managers were responsible for making sure they were in place. They were unsure if Residents #1, #2 or #3 had stop signs in place across their doors. During an interview on 7/24/24 at 2:21 PM, the Regional Director of Nursing stated stop signs were used to deter other residents from entering resident rooms, the aides should be checking daily on rounds to make sure the stop signs are in place. Staff could locate if a stop sign should be in use on the comprehensive care plan and/or care profile. 10NYCRR 415.11(c)(1)