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	12/22/2025

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

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. (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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review conducted during an Abbreviated Survey (Complaint #'s 2637850, 2657322, 2676432, 2680267) the facility did not ensure that there were housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior for two (2) (North Building and South Building) of two (2) resident buildings. Specifically, there were torn and stained privacy curtains in resident rooms; walls, floors, and baseboards that were soiled, discolored and/or in disrepair. Shower rooms with soiled furnishings and loose toilet seats, stored unlabeled opened personal care items; soiled and in disrepair floors, broken blinds, wall board in disrepair and separating from the wall, stained ceiling tiles and a rusty ceiling tile grid. Additionally, soiled linens were observed on floors of shower room and in resident rooms.The findings are:The undated facility document titled General Housekeeping Procedure documented the purpose was to prevent the spread of bacteria and infection from one person to the next: to assure the highest level of cleanliness and sanitation possible. Daily procedure for cleaning resident rooms, lobbies, corridors and bathrooms consisted of dusting all vertical and horizontal surfaces, cleaning of cubicle curtains, spot clean and vacuum carpets, dust mop, wet mop, and spot mop tiles. Shower rooms were cleaned to maintain cleanliness, sanitation, and optimum levels of safety, to control the spread of infection and bacteria and to minimize unpleasant odors. Daily procedure consisted of inspecting area; pick up and large pieces of trash, linen, clothing, etc. Clean shower stall, shower curtains, partitions, toilets, sink, and mirror. Procedure for cleaning window shades consisted of periodic dusting, vacuuming, and washing. Report any damage or any recommendations for replacements to supervisor immediately. Daily cleaning would be inspected by the Director of Housekeeping to ensure all necessary cleanliness and sanitation levels had been achieved.1a. Intermittent observations and interviews in the South Building revealed the following:Observation on the second floor on 12/18/2025 at 9:00 AM revealed resident room [ROOM NUMBER]W had a privacy curtain with brown, maroon colored stain/ debris.Observation on the second floor on 12/18/2025 at 9:34 AM revealed the tiled hallway floor appeared dull with dirt ingrained into it. The second-floor shower room had used, unlabeled personal care items in the shower stall, including a hairbrush and an 8-ounce bottle of shampoo/ body wash. The shower stall floor was wet with grey lint debris and yellowish/ brown colored water on floor outside shower stall. The toilet in the bathroom present in the shower room had grey stained ring in the toilet bowl and brown debris on the toilet rim and the underside of the toilet seat.Observation on the second floor on 12/18/2025 t 9:44 AM revealed the privacy curtain in Resident room [ROOM NUMBER] was torn.Observation on the second floor on 12/18/2025 at 10:24 AM revealed the hallway wall outside of Resident room [ROOM NUMBER] was soiled and had trails of dried liquid going down the wall.Observation and interview on 12/18/2025 at 9:00 AM, Resident #13 stated ambiance was lacking in the facility and updates were needed. They stated the lack of sanitation was visible and that it bothered them. They stated the baseboards in the facility were dirty with dirt build up present. They stated their privacy curtain was stained with blood and was unsanitary. They stated they reported it almost immediately upon being admitted and nothing had been done.Observation in the third-floor shower room in the South Building on 12/18/2025 at 1:10 PM revealed two (2) areas of dried gray debris on the floor tile under the sink.A second observation of the second-floor shower room in the South Building was made on 12/18/2025 at 1:23 PM. The perimeter of the floor in the toilet area was discolored gray. The toilet seat was up, and there was feces on the bottom of the toilet seat and on the toilet bowl rim.During an interview on 12/18/2025 at 3:05 PM, the Housekeeping Supervisor stated shower rooms should be cleaned daily by housekeeping staff, and if they see something was dirty throughout the day, it should be touched up. The Housekeeping Supervisor stated they had tried to bleach the area of floor tile around the toilet in the second-floor shower room in the South Building and it came a little cleaner. They stated if housekeeping staff could not completely clean something, they would notify maintenance staff.Another observation of the second-floor shower room in the South Building was made on 12/19/2025 at 9:25 AM. The perimeter of the floor in the toilet area remained discolored gray. The toilet seat was loose and swayed 4 inches left to right. There was a dark brown coating on the grout around the base of the toilet and an area of black staining on the floor tile in front of the toilet. Additional observation revealed the ceiling tile at the entrance to the shower room had dark brown splatter and the ceiling tile grid (which holds ceiling tiles in place) in the shower stall was coated with rust.During an interview on 12/19/2025 at 9:40 AM, Housekeeping Aide #2 stated they swept and mopped the shower room every day. They stated

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review conducted during an Abbreviated survey (Complaint #2655726) the facility did not ensure that each resident who was unable to carry out Activities of Daily Living (ADL's) received the necessary services to maintain grooming and personal hygiene for two (2) (Residents #8 and #9) of five (5) residents reviewed. Specifically, Resident #8 was not provided with morning care and Resident #9 was not provided with timely incontinent care. The findings are:The facility policy and procedure titled Activities of Daily Living dated 11/18/2024 documented the facility will ensure a resident is given the appropriate treatment and services to maintain or improve their ability to carry out the activities of daily living. The facility will provide care and services for hygiene-bathing, dressing, grooming and oral care. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain grooming, and personal hygiene.The facility policy and procedure titled Quality of Life-Dignity dated 2/2021, documented each resident shall be cared for in a manner that promotes and enhances quality of life, dignity, respect, and individuality. Treated with dignity means the resident will be assisted in maintaining and enhancing their self-esteem and self-worth. The policy and procedure titled Giving a Bed bath (AM/PM Care) dated 03/01/2017, documented the purpose of that procedure was to promote cleanliness, provide comfort to the resident and observe the condition of the resident's skin. The following equipment and supplies will be necessary when performing this procedure: wash basin, soap, body lotion, deodorant, and comb/hairbrush. 1. Resident #8 had diagnoses of macular degeneration (loss of the central field of vision because of deposits of the retina), congestive heart failure (a chronic condition where the heart is too weak to pump blood), type two (2) diabetes mellitus (disease affecting blood sugar). There was no comprehensive resident assessment completed. Nursing admission assessment dated [DATE] documented Resident #8 was oriented and was unable to read newsprint with or without assistive devices. The Baseline Care Plan created 12/15/2025, documented Resident #8 self-care with two (2) assistances, total dependence with staff performance. Cognition was alert/cognitively intact, communicated verbally, vision impaired, and was at risk for incontinence. During an observation and interview on 12/18/2025, Resident #8 stated they were admitted to the facility on Monday (12/15/2025) and had not received or been helped with bathing/washing up since they arrived. They stated it made them feel horrible and further stated they were starting to smell. There was no wash basin or supplies for personal hygiene present in Resident #8's room and bathroom. The resident looked untidy and there was dry, flaking skin was observed on bedsheets.During an observation and interview on 12/18/2025 at 12:35 PM, wash basins containing spray cleaner, moisturizer, deodorant and hairbrush in package was sitting on dresser in Resident #8's room. Resident #1 remained in bed. Resident #8 stated they were supposed to have therapy before 11:00 AM, and morning care still had not been completed.During an observation on 12/18/2025 at 2:14 PM, Certified Nurse Aide #2 and Certified Nurse Aide #5 provided Resident #8 morning care, including changing of bedsheets and gown. During an interview on 12/18/2025 at 2:50 PM, Certified Nurse Aide #2 stated residents only receive showers/bed baths once a week. They stated they provided Resident #8 a bed bath today per Resident #8's and family request due to not being cleaned up since they arrived. Certified Nurse Aide #2 stated it was their first time washing Resident #8 up since they arrived, and they were the resident's assigned aide on 12/17/2025. They stated morning care should be done every day for sanitation and dignity. During an interview on 12/18/2015 at 3:01 PM, Licensed Practical Nurse #2 stated basic care; washing of face, armpits and peri-area, should be completed at least daily to maintain skin integrity and human dignity. They stated they did not know until today when the resident/family reported to them that Resident #8 had not been provided basic care since Monday. Licensed Practical Nurse #2 stated that it was not acceptable. They stated personal care items, wash basin, soap, deodorant, comb, should already be present in a resident's room upon admission. During an interview on 12/19/2025 at 2:15 PM, Registered Nurse #3 Supervisor stated morning care should be provided daily to maintain dignity, infection control and skin integrity. They stated it was not acceptable for a resident not to be offered or provided basic morning care including washing of face, hands and changing of clothing. During an interview on 12/22/2025 at 1:38 PM, the Director of Nursing stated Certified Nurse Aides were responsible and should be providing basic activities of daily living every day. They stated basic activities of daily living would include washing face, brushing teeth, washing armpits and private parts. The Director of Nursing stated providing activities of daily living was important to maintain skin integrity, general

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review conducted during an Abbreviated Survey (Complaint #2680267) completed on 12/22/2025, the facility did not ensure that all residents receive treatment and care in accordance with professional standards of practice for two (2) (Resident #7 and #8) of two (2) residents reviewed. Specifically, there was lack of ongoing evidence of skin assessments and lack of evidence the treatment was completed as ordered (#7) and there was a delay in obtaining an order for completing dressing changes and lack of evidence flushes were completed as ordered (#8). The findings are: The policy titled Wound Care dated 12/01/2017, documented the purpose was to provide guidelines for the care of wounds to promote healing. Documentation should be recorded in the resident's medical record: any change in the resident's condition, all assessment data (wound bed color, size, drainage, etc.) obtained when inspecting the wound, any problems or complaints made by the resident related to the procedure and the signature and title of the person recording the data. The policy titled Dressing, Sterile dated 12/01/2017, documented the purpose was to provide guidelines for the application of sterile dressings. Verify that there is a Physician's order for this procedure. Assess the wound and surrounding skin for edema, redness, drainage. The following information should be recorded in the resident's medical record: the date and time the dressing was changed, assessment data, any problems or complaints made by the resident related to the procedure, complications related to the wound, and the signature and title of the person recording the data. The policy titled Central Venous Catheter Flushing undated, documented Central Venous Catheters included Peripherally Inserted Central Catheters (PICC). The policy documented specific flush orders must be documented; flushing is performed to ensure and maintain catheter patency. Documentation in the medical record includes but is not limited to date and time, prescribed flushing agents, and site assessment. The facility was unable to provide a policy specifically for PICC (peripheral inserted central catheter) line dressing change per the Administrator on 12/22/2025. 1. Resident #7 had diagnoses that included cerebral infarction (stroke), congestive heart failure (a chronic condition where the heart is too weak to pump blood), and type two (2) diabetes mellitus (disease affecting blood sugar). The Minimum Data Set (resident assessment tool) dated 12/02/2025 documented the resident understood, understands and was unable to complete the interview for mental status. Resident #7 did not exhibit any rejection of care, was dependent on staff for toileting hygiene, transfers and was always incontinent of urine and bowel. Resident #7 was at risk of developing pressure ulcers and had three (3) Stage two (2) pressure ulcers present upon admission. The Careplan Report dated 11/28/2025 documented Resident #7 had the potential for altered nutrition with intervention to monitor skin status and goal for skin to improve through next review. There was no care plan development r/t impaired skin integrity. The Resident Care Profile (a guide used by staff to provide care) completed 11/26/2025 documented Resident #7 skin care: skin check with routine care each shift. Review of Weekly Skin Tracker/Quality Assurance Report completed by Registered Nurse Supervisor #3 on 11/26/2025 at 10:13 PM documented Resident #7 had three (3) blisters acquired out of facility to sacrum/coccyx each measuring 0.2 centimeters round. Current treatment normal saline, pat dry, dry clean dressing. Further review revealed there were no Weekly Skin Tracker assessments completed between 11/27/2025 and 12/18/2025. Review of Physician's Order form as of 12/22/2025 documented Resident #7 had treatment order started on 11/26/2025 to cleanse sacrum with normal saline, pat dry, apply dry clean dressing daily on the day shift and as needed. Review of Monthly TAR (Treatment Administration Record) from November 2025 and December 2025, documented the ordered treatment for Resident #7's sacrum was checked as completed six (6) out of twenty-two (22) days between 11/26/25 and 12/17/2025. Review of Progress Notes dated 11/26/2025-12/18/2025 documented:-11/26/2025 at 9:36 PM by Registered Nurse #3, Supervisor, Resident #7 with three (3) intact blisters to sacrum (MD to assess).-11/28/2025 at 9:12 AM, Nutrition Assessment, skin integrity: three (3) intact blisters to sacrum per nursing note 11/26-11/29/2025-12/18/2025 there were no additional progress notes documenting and/or addressing Resident #7's blisters to their sacrum. Review of untitled medical provider notes dated 11/26/2025, 11/28/2025, 12/01/2025, 12/08/2025, and 12/10/2025 revealed there was no documented evidence of any skin conditions and/or pressure ulcers. During an interview and observation on 12/18/2025 at 1:21 PM, Resident #7 stated they wash themselves up in the bathroom on non-shower days. They denied receiving any assist other than staff providing washcloths and towels to wash up. Resident #7 ambulated to bathroom independently with roller walker while surveyor was present. Resident #7 showed the surveyor while in

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or post-traumatic stress disorder. (continued on next page)

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F 0742 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on interviews and record review conducted during an Abbreviated survey during a Complaint Investigation (#2657322) the facility did not ensure that each resident received the necessary behavioral health care and services to attain or maintain the highest practicable mental and psychosocial well-being for one (1) (Resident #4) of one (1) resident reviewed. Specifically, Resident #4 with a history of expressing sadness and making negative statements was not provided a Psychiatry consult, consistent with prior Psychiatry recommendations. The finding is:The policy titled Behavior Assessment, Intervention and Monitoring dated 11/01/2019, documented the facility would provide and residents would receive behavioral health services as needed to attain or maintain the highest practicable physical, mental and psychosocial well-being in accordance with the comprehensive assessment and plan of care. Behavioral health services would be provided by qualified staff who had the competencies and skills necessary to provide appropriate services to the residents.During an interview on 12/19/2025 at 1:15 PM, the Administrator stated the facility had no policy related to following provider recommendations/orders or psychiatry consult recommendations. Resident #4 had diagnoses including Alzheimer's disease (progressive brain disorder that slowly destroys memory, thinking, reasoning skills, and abilities to perform activities of daily living), depression, and hearing loss. The Minimum Data Set (a resident assessment tool) dated 10/02/2025 documented Resident #4 was severely cognitively impaired, was usually understood, usually understands by others.The Comprehensive Care Plan dated 04/09/2025 documented Resident #4 was at risk for injury, with diagnoses of Alzheimer's and delirium due to known physiological condition. Interventions included Psychiatry/ Psychology consults as ordered. Resident #4 was at risk for altered mood state related to expressed sadness/anger/feeling empty with interventions to encourage/provide opportunities to verbalize feelings, explore positive strategies with resident, and recognize use of positive coping strategies. Additionally, the comprehensive care plan documented Resident #4 had the potential for side effects as related to being on psychotropic drug for depression and having expressed sadness. Interventions included but were not limited to assess mood, behavior patterns, and sudden change in Affect, attempt to re-direct behavior through diversional activities, positive reinforcement, behavior management programs, and Psychiatry evaluation/consultation as ordered. Review of nursing progress note dated 09/23/2025 at 3:30 PM, Registered Nurse #1 (former) Unit Manager documented Psychoactive medication use of recommendations. Most recent psych consult recommended to follow up in two (2) weeks. Unable to locate consult in chart. Please consider ordering. Will update psych on this. Nurse Practitioner #1 aware.Review of e-mail thread dated 10/22/2025 at 4:24 PM, Assistant Administrator received an e-mail from Account Executive from facilities psychiatry service documenting they were actively looking for a replacement for their psych services. If there were any emergencies, to reach out to their Medical Director who could conduct a telehealth visit. On 10/23/2025 at 11:02 AM, Assistant Administrator replied giving contact information for new Administrator. Review of nursing progress note dated 10/27/2025 at 10:55 PM, Registered Nurse #2 Nursing Supervisor documented Resident #4's family was very concerned and had brought to their attention that Resident #4 was making negative (suicidal) statements, and they requested a psychiatric evaluation. Registered Nurse #2 Nursing Supervisor initiated thirty (30) minute checks and Resident #4's door was to always remain open. Nurse Practitioner #1 was updated and came onto unit, spoke with Resident #4's family and addressed other concerns they had as well. Review of Record of Grievance/ Concern form dated 11/04/2025, Resident #4's family documented they had concerns regarding negative statements made by Resident #4. A family meeting was scheduled for 11/18/2025.Review of untitled facility document dated October 2025 to December 2025 documenting Resident #4's active and discontinued physicians' orders revealed there was no documented evidence that a psych consult had been ordered.During an interview on 12/18/2025 at 12:10 PM, Registered Nurse #2 Nursing Supervisor stated they spoke with Resident #4's family on 10/27/2025 about their concerns, implemented 30-minute checks, told staff to always keep Resident #4s door open, and updated Nurse Practitioner #1 on the families concerns and requests, and documented everything that they did.During an interview on 12/18/2025 at 1:19 PM, Registered Nurse #6 Unit Manager stated they started in the beginning of October and had received the grievance form from Resident #4's family in late October and brought it up in morning report. Resident #4 was added to the list to be seen by the psych provider.During an interview on 12/19/2025 at 9:34 AM, the Administrator and Assistant Administrator stated their current psych provider started about 3 weeks ago. Their previous psych provider was an outside contract and were available as

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review conducted during complaint investigations (2657322, 26853730) the facility did not ensure that food and drink was palatable, attractive and served at an appetizing temperature for two (2) (North and South) of two (2) buildings and at optimal temperatures for one (1) (second floor South) of one (1) test tray. Specifically, during the lunch meal, food and beverages were served at suboptimal temperatures and were not palatable. Residents #3, #4, #6, #7, #11, #13, and #17 were involved. The findings are:The policy and procedure titled Food Preparation and Service dated 06/26/2018 documented food service employees shall prepare and serve food in a manner that complies with safe food handling practices, and the danger zone for food temperatures is between 41 degrees Fahrenheit and 135 degrees Fahrenheit. Therefore, cold foods must be maintained at 40 degrees or below, and hot foods 136 degrees or above.The Complaint/Incident Investigation Report, dated 12/05/2025, documented Resident #3 complained the food in the facility was inedible and cold.The Complaint/Incident Investigation Report, dated 10/31/2025, documented Resident #4 complained the food provided was not edible, so the family brought food in daily to ensure the resident was getting a decent meal.During an interview on 12/18/2025 at 8:48 AM, Resident #13 stated they were still waiting to receive breakfast and were hungry. They stated breakfast was not served usually until after 9:00 AM. They stated the food was usually cold because the staff feed residents in the dining room first. They stated they were not always served a protein and consume their own protein drinks. They stated the frozen vegetables that were served are over cooked. They stated there were not enough staff to reheat food and if you were hungry enough you just eat what was given to you.During an interview and observation on 12/18/2025 at 9:19 AM, Resident #7 stated they were hungry, and breakfast was very late. Resident #7 stated the food was not good and they would not feed it to their dog. They stated the food was slop, unappealing, unseasoned and pissy warm. Additionally, they stated the portions were small. Resident #7 was delivered their tray at 9:25 AM. Meal ticket on tray indicated no milk with meals and they had a half pint carton of one (1) percent milk on their tray. Resident #7 stated their egg sandwich was cold.During an interview, on 12/18/2025 at 10:19 AM, Resident #11 stated the food was always cold no matter what meal. They stated the food was not prepared right, food was either under cooked or over cooked and lacked flavor. They stated they have received rice that was crunchy and vegetables that were mush. During an interview in the Main Kitchen of the South Building on 12/18/2025 at 12:05 PM, [NAME] #1 stated they had taken a temperature of the pork chops before they placed them on the tray line, and they were 165 degrees Fahrenheit. At this time, the Surveyor took a temperature of the pork chops in the steam table, and they ranged from 142.7 to 144.2 degrees Fahrenheit. Also at this time, the mixed vegetables were 179.8 degrees Fahrenheit, the gravy was 133 to 148 degrees Fahrenheit, and the mashed potatoes were 133.7 degrees Fahrenheit. [NAME] #1 stated the mashed potatoes should be 145 to 150 degrees Fahrenheit and returned them to the oven at this time. At 12:15 PM, the gravy was poured over the pork chops. At 12:25 PM, the mashed potatoes were removed from the oven, their temperature was 139 degrees Fahrenheit, and they were placed in the steam table for tray line service, which started at 12:27 PM. The second caddy of lunch trays for the second-floor residents left the Main Kitchen at 12:40 PM with the test tray.During an observation in the Main Kitchen of the South Building on 12/18/2025 at 12:20 PM there was a plate warmer at the start of the tray line and it was full of plates. The plate warmer was not plugged in. During an interview at this time, [NAME] #1 stated they thought the plate warmer did not work and if it did work, they would need an extension cord to use it.During an observation of the South building, second floor, lunch meal on 12/18/2025 at 12:34 PM a food cart was observed across from the elevator. At 12:40 PM a staff member removed a tray from the cart. There were four (4) residents in the dining room. At 12:42 PM a staff member removed another tray from the cart and walked it down to Resident room [ROOM NUMBER]P. At 12:51 PM more staff members were observed removing trays from the cart and walking them down the hallway to resident rooms and a second dietary cart was delivered on the unit.The test tray was sampled at 1:05 PM and the results were as follows:The sampled plate was cool to the touch.-Pork chop with gravy: 99.2 degrees Fahrenheit, tasted bland, chewy, tough. Cool to palate.-Mashed potatoes: 99.1 degrees Fahrenheit, cool to palate-Mixed vegetables: carrots, beans-yellow and green: 101.9 degrees Fahrenheit, soft, lacked flavor, carrots chewy. Cool to palate.-Pudding: 62.5 degrees Fahrenheit, tasted good-Milk: 50.8 degrees Fahrenheit, cool to palate-OJ: 51.1 degrees Fahrenheit, cool to palate-Coffee: 107.7 degrees Fahrenheit, bitter, barely warm to

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, interview, and record review during an Abbreviated survey (Complaint #2637850) the facility did not store, prepare, distribute, and serve food in accordance with professional standards for food service safety. This affected the Main Kitchen and two (2) (Second Floor and Third Floor) of two (2) unit nourishment refrigerators in the South Building and the Main Kitchen and four (4) (A Wing, B Wing, C Wing, and D Wing) of four (4) unit nourishment refrigerators in the North Building. Specifically, there were issues with personal coats hanging in food and single service item storage areas, soiled and dusty surfaces, broken wall tiles, improper thawing of meats, unnecessary persons in food preparation areas without hairnets, undated/ outdated/ unlabeled refrigerated foods, food labeled Keep Frozen stored in refrigerator for unknown time, soiled bench style can opener, cases of food and single service items stored on the floor, food service workers without hair nets or beard nets while working on tray line, raw meat stored on the top shelf of a walk-in cooler above ready to eat foods, door to the reach-in freezer in disrepair, air temperature inside the reach-in freezer was 20 degrees Fahrenheit, active water leaks from dishwasher, flies in dishwasher area, no test strips for low-temperature dishwashers, thermometers to monitor dishwasher water temperature not functional, floor drain missing grate cover, air temperature of refrigerators and the foods in them were not within safe range, refrigerators missing thermometers, trays of nourishments stored out of refrigeration with temperatures not within safe range, and wiping cloths stored dry on countertop.The findings are: The policy titled Food Receiving and Storage, issued 06/26/2018, documented foods shall be received and stored in a manner that complies with safe food handling practices. Food Services, or other designated staff, will maintain clean food storage areas at all times. Food in designated dry storage areas shall be kept off the floor (at least 18 inches). All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date). Refrigerated foods must be stored at or below 40 degrees Fahrenheit unless otherwise specified by law. Uncooked and raw animal products and fish will be stored separately in drip-proof containers and below fruits, vegetables and other ready-to-eat foods. Food items and snacks kept on the nursing units must be maintained as indicated: all food items must be placed in the refrigerator located at the nurses' station and labeled with a use by date, all foods belonging to residents must be labeled with resident's name, the item, and the use by date, refrigerators must have working thermometers and be monitored for temperature according to state-specific guidelines, beverages must be dated when opened and discarded after twenty-four (24) hours, other opened containers must be dated and sealed or covered during storage. The policy titled Refrigerators and Freezers, revised 02/27/2020 documented the facility will ensure safe refrigerator and freezer maintenance, temperatures and sanitation, and will observe food expiration guidelines for all refrigerators on the nursing units and in the Food Services Department. Acceptable temperatures should be 36 to 46 degrees Fahrenheit and less than 0 degrees Fahrenheit for freezers. The Dietary Service Department personnel will surface clean the nourishment refrigerators on the nursing units daily and discard any outdated items. All foods shall be appropriately dated to ensure proper rotation by expiration dates. Use by dates will be completed with expiration dates on all prepared food in refrigerators. Expiration dates on unopened food will be observed and use by dates indicated once food is opened, and all food/ liquids dated past 24-hours should be discarded. Dietary Supervisors will be responsible for ensuring food items in pantry, refrigerators, and freezers are not expired or past perish dates. The policy titled Sanitization, issued 06/26/2018, documented the food service area shall be maintained in a clean and sanitary manner. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair and shall be free from breaks, corrosions, open seams, cracks, and chipped areas that may affect their use or proper cleaning. Seals, hinges and fasteners will be kept in good repair. Between uses, cloths and towels used to wipe kitchen surfaces will be soaked in containers filled with approved sanitizing solution, which will be changed at least once per shift. Low-temperature (chemical sanitization) dishwashing machines must be operated with wash temperature of 120 degrees Fahrenheit and final rinse with 50 parts per million (ppm) hypochlorite (chlorine) for at least 10 seconds. Kitchen surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. The Food Service Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. The policy titled Food Preparation and Service, issued 06/26/2018, documented foods will not be thawed at room temperature. Thawing procedures include thawing in the refrigerator, submerging the item in cold running water, thawing in a microwave and cooking and serving immediately, or thawing as part of a continuous cooking process

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dispose of garbage and refuse properly. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Based on observation, interview, and record review during an Abbreviated survey (Complaint #2637850) the facility did not dispose of garbage and refuse properly. Specifically, two (2) (South Building and North Building) of two (2) resident buildings had waste that was not properly contained outside in closed dumpsters. Garbage and loose debris were observed on the ground around the dumpsters, which created potential feeding and harborage areas for pests. The findings are: The policy and procedure titled Food-Related Garbage and Rubbish Disposal, issued 06/26/2018, documented garbage and rubbish containing food wastes will be stored in a manner that is inaccessible to vermin, storage areas will be kept clean at all times, and outside dumpsters will be kept closed and free of surrounding litter. 1a. Observation on 12/18/2025 at 9:05 AM revealed there were two (2) garbage dumpsters located outside of the South Building. Both dumpsters contained bagged garbage, and both had open lids and sliding doors. A second observation of the South Building's exterior garbage storage area on 12/18/2025 at 1:46 PM. The garbage dumpster on the left was full of bagged garbage and both sliding doors were open. Garbage was observed on the ground in this area, including paper plates, plastic utensils, four (4) empty milk cartons, used disposable gloves, a paper bag, a plastic cup, a lighter, a used sanitary pad, ripped cardboard, and a 2-foot-long inflated plastic bag used as shipping material. A third observation of the South Building's exterior garbage storage area on 12/19/2025 at 8:20 AM revealed the garbage dumpster on the left was 75 to 100 percent full and both sliding doors were open. 1b. Observation on 12/18/2025 at 2:26 PM revealed there were two (2) garbage dumpsters located outside of the North Building. Both dumpsters were greater than 100 percent full and both dumpsters had open lids. The dumpster on the left had several long two by four (2x4) pieces of wood sticking out of the top, 3 (three) feet above the top rim of the dumpster. Garbage was observed on the ground in this area, including cardboard boxes, a water bottle, five (5) empty milk cartons, ripped paper plates, plastic utensils, multiple drink lids, a broken ceiling tile, two (2) juice cups, and a soda can. During an interview on 12/18/2025 at 2:40 PM, the Maintenance Director stated garbage pickup occurred on Monday, Wednesday, and Friday. They stated they cleaned the area around the garbage dumpsters at the North Building earlier today and the items currently on the ground were not there earlier today. They also stated the lids of the dumpsters should sit flush on the top rim of the dumpsters. At this time, the lids were closed, and they sat up to 12 (twelve) inches above the top rim of the dumpsters. The Maintenance Director stated staff should know to use the dumpsters at the South Building when these dumpsters were full. During a second observation on 12/19/2025 at 8:32 AM, both garbage dumpsters at the North Building were greater than 100 percent full, and bagged garbage was greater than 12 (twelve) inches above the top rim. The lids were open on both garbage dumpsters. The items observed on the ground in this area on 12/18/2025 remained. There was also one (1) bag of garbage on the ground at the rear door of the facility, near the basement steps. During an interview on 12/19/2025 at 8:43 AM, the Housekeeping Director stated they had only personally worked at this facility for a few days, but in their experience, garbage dumpsters should be able to be closed, and they should be kept closed. They stated the bag of garbage at the rear door of the facility should not have been left on the ground. During an interview on 12/19/2025 at 8:50 AM, the Maintenance Director stated when they arrived at the facility at 6:00 AM this morning, they personally closed the lids and sliding doors to the dumpsters at the South Building. Also at this time, the Maintenance Director observed that the lids to the garbage dumpsters at the North Building were open, the Maintenance Director shut them, and the lids sat on top of the garbage bags, 24 (twenty-four) to 36 (thirty-six) inches above the top rim of the dumpsters. The Maintenance Director stated cleaning the area around the dumpsters was a Maintenance department task, but the Maintenance department had asked the Dietary department for help with this task in the past because the items on the ground appeared to be mostly food related. They stated the area around the garbage dumpsters was currently messy and they would ask the contractors who picked up the garbage to move the dumpsters in order for staff to be able to clean around and under them. The Maintenance Director stated they believed the overflowing garbage dumpsters at the North Building was likely due to big boxes at the bottom taking up space. During an interview on 12/19/2025 at 10:15 AM, the Administrator stated doors and lids to garbage dumpsters should always be shut and the area around garbage dumpsters should be kept clean. The Administrator stated the ground around the North Building dumpsters needed to be cleaned and that was a Maintenance department task. 10NYCRR 415.14(h)14-1.150

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Many	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Potential for minimal harm Residents Affected - Many	Based on observation, interview, and record review conducted during an Abbreviated Survey (Complaint #2637850) the facility did not ensure that, in accordance with professional standards and practices, they maintained medical records on all residents that were complete and accurately documented. Specifically, the controlled substance inventory records, for the nurses shift to shift counts, were not consistently signed off by two nurses on four (4) (South building second floor, and North building B, C and D units) of six (6) units observed.The findings are:The undated policy and procedure titled 4.0 Schedule II Controlled Substance Medication documented an inventory count of all controlled medications stored on each nursing unit shall be performed at each change of shift by both the incoming and outgoing nurse. Both nurses are responsible for the count and must sign the inventory count form.The form titled Controlled Substance Inventory Record dated 10/04/2016 documented all controlled substances are to be counted at the beginning and ending of each shift. Two signatures; that of the nurse coming on duty and that of the nurse going off duty, are to appear in the signature column. The nurse signing in is responsible for the security of all controls on that shift. That sheet is to be completed and returned to the HIM (unknown) office on Monday of each week. Review of the Controlled Substance Inventory Sheets revealed there were several blank spaces (149) in the signature column on the sheets from the South building, second floor (side one (1) and two (2)), and the North building Unit B, unit C and unit D between 12/1/2025-12/19/2025. During an interview on 12/19/2025 at 10:36 AM, Licensed Practical Nurse #1 reviewed the narcotic inventory record and stated the record was incomplete as there were missing signatures. The process for logging the narcotics was for both the oncoming and outgoing nurse to count the medication together prior to the exchange of the narcotic keys; reviewing the medication itself alongside the inventory record verifying its accuracy. Both nurses sign the inventory record verifying the medication count was accurate. A blank would indicate that someone did not complete the medication count and sign for their shift. If the count was off, the off-going nurse would need to check the cart, and they would call the supervisor together. Licensed Practical Nurse #1 stated they would not accept the keys if the count was off. During an interview on 12/19/2025 at 12:52 PM, Licensed Practical Nurse #7 stated they always signed in and out on the Controlled Substance Inventory Sheet. They stated a blank on the form could have been from the nurse getting distracted or they forgot to sign. Licensed Practical Nurse #7 reviewed the inventory sheet and stated there were incomplete because they were missing signatures. They stated it was important to know who had access to the narcotics.During an interview on 12/19/2025 at 12:57 PM, Registered Nurse #6 Unit Manager, stated the nurses were supposed to count off with each other and sign off on the Controlled Substance Inventory Sheet before handing off the keys. When they take the keys, they were saying the medication count was correct and verifying with their signature. If there were blanks, they may have forgotten to sign but they may not have counted. Registered Nurse Unit Manager #6 reviewed the narcotic inventory sheets and stated they were incomplete as they were missing signatures.During an interview on 12/19/2025 at 1:22 PM, the Director of Nursing stated the nurses should be standing next to each other, both counting the controlled medications and signing each time. If the nurse didn't sign off, they would be responsible for a missing medication. There was no good reason for the nurses not signing off. There was not a staffing issue. The Director of Nursing stated there needed to be some re-education to all the nurses. They expected there to be a signature for every shift, even if the nurse was working a double.During an interview on 12/19/2025 at 2:15 PM, Registered Nurse #3, nursing supervisor, stated the narcotics should be counted with both nurses present. The signatures were important for accountability. They stated the nurses were not always signing the sheets like they should.During an interview on 12/19/2025 at 2:59 PM, Licensed Practical Nurse #5 stated they always signed between shifts on the count sheet. They did not know why some were blank but thought it might be from different staff floating to help the unit. They stated that the nurse that was leaving was responsible for any missing narcotics, so the oncoming nurse should not take the keys without counting.During an interview on 12/19/2025 at 1:01 PM, Licensed Practical Nurse #8 stated they worked a double on 12/18/2025, and they counted and verified medication but did not sign between the double shifts. 10 NYCRR 415.22(a)(1-2)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review completed during an Abbreviated Survey (#2655726) the facility did not maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment, to help prevent the development and transmission of communicable diseases and infections for two (2) (Resident #8 and Resident #9) of five residents reviewed for infection control. Specifically, Resident #8 was on enhanced barrier precautions (interventions designed to reduce transmission of multi-drug-resistant organisms, 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 bathing, performing catheter care, changing brief, and changing linens; Certified Nurse Aide #7 did not change their gloves and perform hand hygiene prior to handing clean brief, bed remote after performing fecal incontinent care (Resident #9). The findings are:An undated policy titled Enhanced Barrier Precautions, documented Enhanced Barrier Precautions are used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents. Enhanced Barrier Precautions employ targeted gown and glove use during high contact resident care activities. Gloves and gown are applied prior to performing the high contact resident care activity. Examples of high-contact resident care activities requiring the use of gown and gloves include bathing; providing hygiene; changing linens; changing briefs; device care (urinary catheter) and wound care. Enhanced Barrier Precautions are indicated for residents with wounds and/or indwelling medical devices regardless of multi-drug-resistant organism colonization. The policy titled Handwashing/Hand Hygiene revised 04/01/2020, documented hand hygiene the primary means to prevent the spread of infections. Wash hands with soap and water for the following situations: when hands are visible soiled, and after contact with a resident with infectious diarrhea. Use an alcohol-based hand rub; or soap and water for the following situations included: before and after direct contact with residents, before moving from a contaminated body site to a clean body site during resident care, after contact with blood or bodily fluids, after contact with objects in the immediate vicinity of the resident, and after removing gloves. Enhanced Barrier Precautions signs documented staff must wear gloves and a gown for the following High-Contact Resident Care Activities: Dressing; Bathing/Showering; Transferring; Changing Linens; Providing Hygiene; Changing briefs or assisting with toileting; Device care or use: central line, urinary catheter, feeding tube, tracheostomy; and Wound Care: any skin opening requiring a dressing. 1.Resident #8 had macular degeneration (loss of the central field of vision because of deposits of the retina), congestive heart failure (a chronic condition where the heart is too weak to pump blood), obesity (excessive amount of body fat) and type two (2) diabetes mellitus (disease affecting blood sugar). No comprehensive resident assessment was completed. Nursing admission assessment dated [DATE] documented Resident #8 was oriented and was unable to read newsprint with or without assistive devices, had a double lumen PICC (peripheral inserted central catheter) to right upper extremity, a foley catheter (insertion of tube to drain urine) and a surgical wound.The Baseline Care Plan dated 12/15/2025, documented Resident #8 was total dependence with staff performance of two (2) assist for self-care, bed mobility, and transfers. The resident was alert/cognitively intact, communicated verbally, their vision was impaired/blind, they had a double lumen PICC (peripheral inserted central catheter) to their right upper extremity, a foley catheter, was at risk for incontinence and had a wound requiring a wound vac.During an observation on 12/18/2025 at 2:14 PM, a sign for enhanced barrier precautions was posted for Resident #8 outside their room and directed staff to utilize gowns and gloves for hands on care. Certified Nurse Aides #2 and #5, were observed at the resident's bedside wearing gloves, but no gowns while providing hands on care including handling of linen for washing and drying the resident during a bed bath, turning and positioning resident in bed, handling soiled bed linen and Certified Nurse Aide #2, performed foley catheter care. Resident had a dressing intact to their left calf and a peripheral inserted central catheter to their right upper arm.During an interview on 12/18/2025 at 2:45 PM, Certified Nurse Aide #5 stated they should have worn a gown while assisting Certified Nurse Aide #2 with providing hands on care to Resident #8 because they were on enhanced barrier precautions. They stated it was important to follow enhanced barrier precautions for infection control. Certified Nurse Aide #5 stated they were rushing to help Certified Nurse Aide #2 and forgot to apply a gown. They stated they should have been wearing a gown for infection control, to protect them and the resident During an interview on 12/18/2025 at 2:50 PM, Certified Nurse Aide #2