STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335661	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsville Manor Care Center	4192a Bolivar Road Wellsville, NY 14895

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 43802 Based on interview and record review conducted during an Abbreviated survey (Complaint #NY00338118) the facility did not ensure that all alleged violations including abuse, neglect, exploitation or mistreatment were reported immediately, but not later than two hours after the allegation was made, if the events that caused the allegation involved abuse, to the facility's Administrator and the State Survey Agency for one (Resident #1) of three residents reviewed. Specifically, facility staff did not report an allegation of abuse/mistreatment of a resident to the Director of Nursing or the Administrator which resulted in the alleged abuse not getting reported to the appropriate officials including the New York State Department of Health as required. The finding is: The policy and procedure titled Abuse and Neglect last reviewed/revised: 4/2024 documented the Administrator and Director of Nursing will be immediately informed of any alleged or suspected occurrence of abuse or neglect. The Administrator or designee will provide a 2-hour notification to the New York State Department of Health for any suspected or confirmed case of abuse or neglect. Any licensed person who fails to report shall be guilty of unprofessional conduct in the practice of his/her profession. All employees must report the suspected abuse, neglect to their immediate supervisor or by calling NYS (New York State) Department of Health Office of Health Systems Management. All staff members are responsible for reporting any and all incidences of alleged or suspected abuse. Resident #1 had diagnoses that included Alzheimer's Disease, dementia with agitation, and recurrent depressive disorder. The Minimum Data Set (MDS-a resident assessment tool) dated 2/28/24 documented Resident #1 had severe cognitive impairment. The comprehensive care plan dated 3/14/24 documented Resident #1 needed assistance with Activities of Daily Living due to dementia, depression, psychosis, anxiety, and non-compliance with plan of care. Approaches included to provide total assistance of two with bed mobility, transfers, and maximal assist of 1 for toileting hygiene. May use a higher level of assistance if needed. Additionally, approach indicated that Resident #1 was very sensitive and if touched too quickly will scream out. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335661	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsville Manor Care Center	4192a Bolivar Road Wellsville, NY 14895

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Investigation Summary Report effective 4/8/24 signed by the Administrator and Director of Nursing, documented on 4/2/24 during the evening shift Certified Nurse Aides #1 and #2 provided care to Resident #1. Certified Nurse Aide #1 reported that Certified Nurse Aide #2 used a pillow and a stuffed animal to muffle Resident #1's screams by placing them over Resident #1's mouth. Certified Nurse Aide #1 did not report incident to the supervisor, Director of Nursing or Administrator. The investigation documented facility was not made aware of the incident regarding Resident #1 and Certified Nurse Aide #2 until 4/4/2024; when the scheduler received an email dated 4/3/24 at 10:31 PM from Certified Nurse Aide #1 describing the incident. This incident was reported to the New York State Department of Health on 4/4/24 by the Administrator. Review of email sent 4/3/24 at 10:31 PM to the scheduler documented message was received from Certified Nurse Aide #1 stating something happened on 4/2/24 when they were in Resident #1's room. Certified Nurse Aide #1 stated they visibly saw Certified Nurse Aide #2 put pillow and stuffed animal over Resident #1's mouth while doing care. Certified Nurse Aide #1 stated they didn't feel comfortable telling the nurse and didn't know who else to tell. Certified Nurse Aide #1 stated they should have reached out sooner because they felt it was abuse but didn't know who to go to. Review of a written statement included with the facility's investigation, signed by Certified Nurse Aide #1 dated 4/4/24, documented on 4/2/24 between 7:40 PM-8:30 PM they witnessed Certified Nurse Aide #2 holding a pillow over Resident #1's mouth with force to muffle Resident #1's yelling. Certified Nurse Aide #1 documented they removed pillows from bed, then Certified Nurse Aide #2 took a stuffed animal off Resident #1's bedside stand and used it to cover Resident #1's mouth. Certified Nurse Aide #1 documented they didn't report incident on 4/2/24 because they didn't trust the nurse that was on the unit to do something about it and didn't know who else to go to at that moment. Certified Nurse Aid #1 documented they should have reached out to somebody, but they were uncomfortable and had only been at facility for three weeks. During an interview on 4/15/24 at 2:33 PM, the scheduler stated they received email from Certified Nurse Assistant dated 4/3/24 at 10:31 PM upon looking at their emails the morning of 4/4/24 around 9:45 AM. The scheduler stated they immediately printed email and gave it to the Director of Nursing because abuse had to be reported. During a telephone interview on 4/15/24 at 2:47 PM, Certified Nurse Aide #1 stated on 4/2/24 while providing care with Certified Nurse Aide #2 to Resident #1, who likes to scream during care, they noticed Resident #1's screams sounded muffled. Certified Nurse Aide #1 stated they witnessed Certified Nurse Aide #2 holding a pillow over Resident #1's mouth. Certified Nurse Aide #1 stated they moved the pillow off the bed; then Certified Nurse Aide #2 took Resident #1's stuffed animal and held it over Resident #1's mouth. The Certified Nurse Aide #1 stated they did not tell the nurse about this, and they didn't know how to get ahold of the supervisor. Certified Nurse Aide #1 stated they received education on abuse, who and when to report abuse. Certified Nurse Aide #1 stated they're supposed to report abuse immediately when it happens for the safety of the residents. The Certified Nurse Aide #1 stated they reported it on 4/3/24 at 10:28 PM via a texted email to the scheduler. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335661	A. Building B. Wing	05/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wellsville Manor Care Center	4192a Bolivar Road Wellsville, NY 14895

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 4/15/24 at 4:45 PM, Licensed Practical Nurse #3 stated they worked 6:00 PM to 6:00 AM on 4/2/24. Licensed Practical Nurse #3 stated they were not made aware of any abuse allegations by Certified Nurse Aide #1. Licensed Practical Nurse #3 stated they would immediately report abuse allegations to the nursing supervisor. Licensed Practical Nurse #3 stated they were able to get a hold of the nursing supervisor by calling their office, cell phone, by overhead page and during the nurse supervisor's rounds. During a telephone interview 4/15/24 at 5:16 PM, Registered Nurse Supervisor #1 stated there were no concerns of abuse brought to their attention when they worked on 4/2/24. Registered Nurse Supervisor #1 stated they would expect staff to tell them right away if they witnessed any abuse so they could make sure the resident was safe, get facts and report immediately to the Director of Nursing and/or Administrator. During an interview on 4/16/24 at 10:14 AM, the Director of Nursing stated Certified Nurse Aide #1 should have reported the incident immediately to their nurse or supervisor (on 4/2/24). Director of Nursing stated it was important to report immediately so an investigation can be implemented, and they only have 2 hours to report it. During an interview on 4/16/24 at 10:29 AM, the Administrator stated Certified Nurse Aide #1 didn't report this allegation immediately as required and should have to assure the safety of the residents. Administrator stated it was important that abuse allegations were reported right away because that was the facility policy, an investigation could have been started immediately and Certified Nurse Aide #2 would have been removed from schedule. 10 NYCRR 415.4(b)(2)