

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>39086</p> <p>Based on observation, interview and record review conducted during a Complaint (#NY00350496) investigation the facility did not ensure that residents receive treatment and care in accordance with professional standards of practice for one (Resident #7) of three residents reviewed. Specifically, Resident #7 did not receive Levothyroxine Sodium (Synthroid medication used to treat thyroid conditions) as ordered and there was a lack of physician notification.</p> <p>The finding is:</p> <p>The policy titled Administering Medications/Treatments dated 12/1/17 documented medications shall be administered in a safe and timely manner, and as prescribed; and if a drug is withheld, refused, or given at a time other than the scheduled time the individual administering the medication will initial and document the electronic medical administration record space provided for that drug and dose and notify the Registered Nurse Supervisor and attending physician. In addition, medication refusal or omission - notify the provider of 2 consecutive missed doses of medication regardless of reason.</p> <p>Resident #7 was admitted to the facility with diagnoses that included hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone), celiac disease (an immune reaction to eating gluten, a protein found in wheat, barley and rye), and chronic kidney disease and dialysis dependent. The Minimum Data Set (MDS, resident assessment tool) dated 1/7/25 documented Resident #7 was cognitively intact.</p> <p>The Physician's Order Form as of 1/22/25 documented Levothyroxine Sodium (Synthroid) oral tablet 88 microgram capsule by mouth every day early morning for hypothyroidism with a start date of 1/4/25.</p> <p>The Comprehensive Care Plan dated 1/6/25 documented Resident had diagnosis of hypothyroidism with interventions including medications as per the physician's order.</p> <p>Review of Resident #7's Medication Administration Record dated January 2025 revealed Levothyroxine Sodium (Synthroid) oral tablet 88 micrograms scheduled at 6:30 AM was not initialed as given as ordered on the following dates: January 6, 7, 8, 9, 10, 11, 16, 20, 21, and 22 and documented it was on hold on January 17th, 2025.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #7's Progress Notes as of 1/27/25 revealed there was no documented evidence why the Levothyroxine Sodium (Synthroid) was not administered or that the physician had been notified on January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025.</p> <p>During an interview on 1/21/25 at 10:45 AM, Resident #7 stated they have not received their Synthroid every morning as ordered. They stated they were to get it first thing in the morning every day. On many days the nurse will tell them they can't find it and believe it may not have come in from the pharmacy. Other nurses have given it to them, so they did not know why they were not getting the Synthroid as ordered.</p> <p>During a telephone interview on 1/23/25 at 10:36 AM, Resident #7's family member stated they were very concerned that Resident #7 was not receiving their Synthroid as ordered. They stated they believed on Tuesday January 14, 2025, a nurse, whom they could not identify, told them they believed the medication had not been delivered from the pharmacy.</p> <p>During an interview on 1/23/25 at 12:30 PM, Licensed Practical Nurse #1 stated Resident #7 had a physician's order for Synthroid 88 micrograms and it was to be administered every day at 6:30 AM. Resident #7 goes to Dialysis three (3) days a week at 5:00 AM and does not know if the Synthroid was rescheduled on those days. Upon review of the Medication Administration Record and Progress Notes Licensed Practical Nurse #1 stated there was no evidence the Synthroid was rescheduled and administered on the dates identified; January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025. Licensed Practical Nurse #1 observed the Synthroid package from pharmacy and stated the fill date was January 6, 2025, with a dispensing amount of 25 tables and 15 tablets were remaining; therefore Resident #7 had not received the Synthroid as ordered.</p> <p>During an interview on 1/23/25 at 12:39 PM, Registered Nurse #2 stated upon review of Resident #7's Medication Administration Record, progress notes and the Synthroid medication package Resident #7 had not been receiving the Synthroid as ordered.</p> <p>During an interview on 1/23/25 at 12:58 PM, Unit Manager Licensed Practical Nurse #2 stated they were not aware Resident #7 was not receiving the Synthroid as ordered. Upon review of the Medication Administration Record and Progress Notes they stated there is no evidence Resident #7 received their Synthroid on the identified dates January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025 as ordered and expected the nurses to notify them and the physician if a medication was not provided, and document the reason in the progress notes.</p> <p>During an observation and interview on 1/27/25 at 6:32 AM, Licensed Practical Nurse #3 stated they were responsible to administered Resident #7's medications at 6:30 AM on January 9 and 10, 2025 and upon review of the Medication Administration Record they stated they do not recall why the Synthroid was not administered. During an observation of the medication administration on 1/27/25 at 6:32 AM for Resident #7, Licensed Practical Nurse #3 stated they were unable to locate the Synthroid 88 micrograms on the medication cart and would have to obtain the medication from the facility's (name locked computerized medication dispensing system that stores and tracks medications).</p> <p>During an interview on 1/27/25 at 7:09 AM, Registered Nurse #5 stated the facility's (name of locked computerized medication dispensing system that stores and tracks medications) had Synthroid 25 micrograms and 125 micrograms but doesn't have the 88 micrograms Resident #7 requires and they would notify the Nursing Supervisor.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/27/25 at 7:16 AM, Registered Nurse Supervisor #3 stated they were the Nursing Supervisor on the following mornings, January 7, 9, 10, 16, and 17th and were not aware Resident #7 was not receiving their Synthroid as ordered. They stated 3 days ago (1/24/25) Licensed Practical Nurse #4 was unable to locate Resident #7's Synthroid, and they had asked Licensed Practical Nurse #5. Licensed Practical Nurse #5 told them the Synthroid was not in a blister package but in a smaller plastic labeled bag stored in the top drawer of the medication cart. Nursing Supervisor Registered Nurse #3 reviewed Resident #7's Medication Administration Record and Progress Notes and stated there was no documented evidence Resident #7 received Synthroid as ordered on the dates identified, January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025 and there was no documentation why it was not administered. They stated since the medication was scheduled to be administered at 6:30 AM they would have expected the nurse to notify them the medication was not available, so they could assist in locating the medication or notify the physician and pharmacy that it isn't available.</p> <p>During an observation on 1/27/25 at 7:25 AM Nursing Supervisor Registered Nurse #3 showed Licensed Practical Nurse #3 where Resident #7's Synthroid 88 micrograms was in the top drawer of the medication cart.</p> <p>During an interview on 1/27/25 at 10:30 AM, the Director of Nursing stated the facility's (name of locked computerized medication dispensing system that stores and tracks medications) does not contain Synthroid 88 micrograms. They stated all medications should be administered as ordered and if a nurse was unable to locate a medication, they should inform the Nursing Supervisor or Unit Manager and follow their direction. They stated on the night shift (11 PM - 7AM), the Nursing Supervisor should have been notified and they would have contacted the physician for further direction. They stated the nurses should not be leaving the Medication Administration Record blank or indicating a medication was on hold without a physician's order to hold it. Upon review of Resident #7's Progress Notes and Medication Administration Record they stated there was no documented evidence Resident #7 received the Synthroid as ordered on January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025; there was no documented evidence the medication was not available and no evidence the physician was notified.</p> <p>During a telephone interview on 1/27/25 at 11:42 AM, Medical Doctor #2 stated the facility notified them on 1/24/25 Resident #7 had missed a couple doses of Synthroid because they were gone to dialysis. They adjusted the administration time to accommodate the early pick up for dialysis. Medical Doctor #2 stated they were not aware Resident #7 had not received the Synthroid as ordered on January 6, 7, 8, 9, 10, 11, 16, 17, 20, 21, and 22, 2025 or that the nurses couldn't find it in the medication cart. They stated they expected the nurses to notify them any time a medication was unavailable and not able to be administered as ordered.</p> <p>During a telephone interview on 1/27/25 at 2:51 PM, Licensed Practical Nurse #4 stated they were unable to find Resident #7's Synthroid on January 6, 7, 8, 16, 17, and 20 2025, they did not notify the Nursing Supervisor, pharmacy or the physician and should have. They stated they left the Medication Administration Record blank except on 1/17/25 they documented it was on hold and had not called a physician, so it really wasn't on hold. Licensed Practical Nurse #4 stated they didn't know what to do when they couldn't find the medication.</p> <p>10 NYCRR 415.12</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>00924</p> <p>Based on observation, interview, and record review conducted during a Complaint investigation (#NY00341704 and #NY00350496) completed on 1/27/25, the facility menus and nutritional adequacy did not meet the nutritional needs of residents in accordance with established national guidelines and be reviewed by the facility's dietician or other clinically qualified nutrition professional for nutritional adequacy. Specifically, two (lunch and dinner) of two meal entrees observed revealed proper amount of protein was not being provided to meet adequate nutritional needs of the residents.</p> <p>The finding is:</p> <p>Review of the facility's policy titled Food and Nutrition Services dated 11/02/17 provided by the Corporate Quality Assurance Nurse revealed the facility is to provide each resident with a nutritious, palatable, well-balance diet that meets daily nutritional and special dietary needs, considering the resident's preferences. Food and nutrition staff will inspect meal trays to ensure that the correct meal is provided to each resident, the food appears palatable and attractive.</p> <p>During a lunch observation on 1/21/2025 at 11:55 AM, the Dietary Supervisor #2 and [NAME] #2 plated the food while the Acting Dietary Department Director #1 oversaw the tray line and placed all the foods on each resident's individual tray. The lunch menu consisted of tacos (consisting of ground beef in a flour tortilla), the primary vegetable was corn, the alternate vegetable was peas and carrots, and rice or mashed potatoes. The plated food appeared monochromatic (same color or hue) and unappetizing. [NAME] #2 placed a blue scoop in the ground taco meat which was later identified as a 2 oz portion. During the tray line [NAME] #2 stated they use any recipes and the facility did not have recipes for the foods being served. [NAME] #2 stated they just knew how to cook them from their training. Continued observation revealed that [NAME] #2 and Dietary Supervisor #2 plated approximately 60 lunch trays with tacos consisting of a 2 oz portion of ground meat. The Acting Dietary Department Director #1 did not intervene. While calling out the food preferences during the tray line the Acting Dietary Department Director #1 stated Resident #1 and Resident #2 did not want the main meal or choose the alternate and the Acting Dietary Department Director #1 made the decision to provide them alternates, which was fish for the entree.</p> <p>During an observation on 1/21/2025 at 4:20 PM, [NAME] #3 stated they just got through making the dinner meal which was chicken salad sandwiches. They stated they used the blue scoop to prepare them. [NAME] #3 was pureeing mixed vegetables in the blender and added water. When asked to see the recipe for the pureed vegetable, [NAME] #3 stated there wasn't one and they just knew how to make them. During the observation a chicken salad sandwich was checked for the protein measurement. The amount of chicken salad was measured even on the blue scoop.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/22/2025 at 12:05 PM Dietician #1 stated the cooks prepare the foods based on their training and was not aware of any recipe booklet utilized by the facility. In addition, they were not aware of how the cooks were trained and assumed by word of mouth that the cooks knew how to cook. Regarding portion sizes Dietician #1 stated that the facility utilizes scoops, and the dietary staff should know the proper scoop sizes for plating food. Dietician #1 stated that normally residents should receive 3 - 4 ounces of protein at lunch and dinner per normal dietary guidelines; however, was not aware of any written nutrient guidelines maintained in the facility. Dietician #1 stated that receiving 2 oz of protein at lunch and dinner was not a sufficient daily serving for protein.</p> <p>During a follow up interview on 1/27/2025 at 12:40 PM, the Dietician #1 stated that the facility utilizes the corporate menus which were last reviewed in the Summer of 2024. The Dietician stated for some reason when the menus were done the nutritive value of the foods was omitted and had been on previous facility menus. The Menus are posted on the unit; however, they are not provided to each resident individually. Upon admission Dietician #1 goes over the resident's food preferences and the meals are delivered based these food preferences. Dietician #1 stated when a resident does not like the entree of the alternate, staff should find out what the resident desires rather than making an independent decision however, the choices are somewhat limited and stated in the future they hope to offer more alternatives. Alternates are leftovers or what's in the refrigerator and stated nursing staff should know the daily alternatives so the residents could have choices</p> <p>During a telephone interview on 1/27/2025 at 3:22 PM, the Regional Registered Dietician stated that they try to meet with all the regional facility Food Service Directors quarterly to address menus, alternatives and always available food items to mainstream facility practices for food service delivery. Nutritive analysis of menus should be maintained by the facility personnel. The rest of the facilities utilize a software that provides that information; however, this facility utilizes a program that currently does not have that feature. They stated it can be purchased as an add on and they'll have to get it. The Regional Registered Dietician stated in absence of the computerized program the facility could have obtained the information without it and maintained their records. The Regional Registered Dietician stated that an average meal intake for maintenance consist of a 2000 calorie with 85-95 grams of protein per day and stated that the 2 oz observed for each meal was not an adequate amount of protein for an average diet.</p> <p>415.14 (d)(1)(2)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39086</p> <p>Based on observation, interview, and record review conducted during a Complaint investigation (#NY00341704 and #NY00350496) completed on 1/27/25, the facility did not ensure each resident received food that accommodated their allergies, intolerances, and preferences for three (Resident #1,2 and 7) of three residents reviewed. Specifically, Resident #7 was ordered a no added salt renal, gluten free diet and was not being provided gluten free products and food preference choices. Resident #1 and Resident #2 did not receive their food preference choices.</p> <p>The findings are:</p> <p>The Facility assessment dated [DATE] and 9/18/17 identified as current by the Administrator documented the intent of the facility assessment is for the facility to evaluate its resident population and identify the resources needed to provide the necessary person - centered care and services the residents require. Resident support/care needs under General Care for Nutrition, documented individualized dietary requirements, liberal diets and specialized diets.</p> <p>The facility policy and procedure titled Food and Nutrition Services dated 11/02/17 documented each resident is provided with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. Additionally, food and nutrition services staff will inspect food trays to ensure that the correct meal is provided to each resident.</p> <p>The facility policy and procedure titled Procurement of Dietary Items dated 2/10/17 documented it is the policy of the Food and Nutrition Director responsibility for the ordering of food and supplies. Work closely with dietary employees and have a thorough understanding of the menu to ascertain which products are most appropriate for the food prepared.</p> <p>The facility policy and procedure titled Therapeutic Diets dated 6/26/18 documented therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care and in accordance with his/her goals and preferences. Diet will be determined in accordance with the resident's informed choices, preferences, treatment goals and wishes.</p> <p>1. Resident #7 was admitted to the facility with diagnoses that included hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone), celiac disease (an immune reaction to eating gluten, a protein found in wheat, barley and rye), and chronic kidney disease, stage 5 dialysis dependent. The Minimum Data Set (resident assessment tool) dated 1/7/25 documented Resident #7 was cognitively intact. Therapeutic diet on admission and while a resident.</p> <p>During an observation on 1/21/25 at 12:27 PM Resident #7's meal tray was delivered with a small bowl of tuna fish with a large amount of mayonnaise mixed in it. The meal ticket on the tray documented, Renal Gluten Free, meal - Chicken breast. Additionally in red ink, handwritten on the meal ticket documented, ALT (alternate) and ALT (alternate) Veg - no rice. Resident #7 stated they wanted the chicken breast and doesn't know why someone is writing ALT on their meal ticket and they were not asked if they wanted an alternate and were not offered choices.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Physician's Order Form as of 1/22/25 documented diet - no added salt renal, fluid restriction 1500 milliliter, gluten free with a start date 1/6/25.</p> <p>The Comprehensive Care Plan dated 1/6/25 documented Resident #7 is allergic to rice and wheat (needs to be on a gluten free diet) and resident is at risk for gastric intestinal discomfort related to diagnosis of celiac disease with interventions including provide a strict gluten free diet. Additionally, Resident is alert and oriented x 3, independent for decision making ability with goals including making decision regarding preferences in activities of daily living such as food preferences, and interventions including offer food choices to Resident.</p> <p>Review of the Progress Notes dated 1/4/25 through 1/27/25 revealed the following:</p> <p>-1/4/25 at 7:25 PM Registered Nurse #6 documented, dietary preferences Gluten Free Serious Celiac Disease.</p> <p>-1/4/25 at 11:04 PM Registered Nurse #6 documented, resident arrived at 5:30 PM, resident family member extremely concerned as to what Resident #7 was going to have to eat as they were extremely hungry at 6:40 PM and they were unable to eat the served meal which included breaded fish and then two peanut butter and jelly sandwiches. Family member stated they would go and get something the resident could eat today, but unable to bring in three meals a day plus snacks for the resident. Additionally, it is documented the family, and the resident were reassured the facility will accommodate their diet. Family member requested kitchen help (dietary) to be educated as to what is acceptable for a special diet, since breaded fish and peanut butter and jelly was not an acceptable meal for them.</p> <p>-1/5/25 at 1:08 PM Registered Nurse # 7 documented, Resident states they might have to leave because the facility doesn't have fresh vegetables, and needs a no added salt, renal and gluten free diet.</p> <p>-1/6/25 at 2:15 PM Director of Nursing documented, they met with Resident #7 and family member, and all appreciated the Registered Dietician clarify and initiating the gluten free diet as resident has a gluten allergy.</p> <p>-1/8/25 at 2:39 PM Registered Dietician documented, resident offers concerns regarding in-house diet related to Celiac's, maintaining food items with renal diet.</p> <p>-1/21/25 at 3:19 PM (late note from 1/20/25) Registered Dietician documented, received a call from Resident #7 over the weekend regarding food items on trays. Registered Dietician spoke with the resident on 1/20/25 stating they do not like how they are constantly getting tuna fish in a bowl despite this being an original preference. Education was given regarding renal and gluten free diet and how many items need to be restricted. Additionally, the kitchen staff are educated on renal diet, providing resident with tuna verses meal at that time per Resident's preference. Resident requested tuna be removed from their meal items and preferences updated.</p> <p>-1/22/25 at 3:10 PM Registered Dietician documented they spoke with Resident #7 regarding tonight's meal tonight and lunch/ dinner for 1/23/25. Choices per resident obtained for these meals. Explained chicken breast has been ordered and will be arriving on 1/23/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	

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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident #7's Meal Pattern identified by Registered Dietician as current revealed Gluten Free with chicken breast at lunch and dinner.</p> <p>Review of Resident #7's meal tray tickets (identifies what the resident is scheduled to receive for their meals) dated 1/18/25 through 1/21/25 revealed lunch and dinner chicken breast to be served.</p> <p>Review of the dietary Purchase Order slips dated 1/2/25 through 1/22/25 revealed chicken breast was ordered on 1/2/25 and 1/22/25.</p> <p>During an interview on 1/21/25 at 10:45 AM Resident #7 stated they have Celiac's disease and required a gluten free diet and the facility refuses to order gluten free crackers and breads. They stated they had received a bowl of tuna fish loaded with mayonnaise for lunch and dinner for several days and they talked to the Registered Dietician concerning their preferences multiple times but nothing changes. They stated they are to receive chicken breast every lunch and dinner as their preference, but they are told the facility had run out of chicken breast on 1/18/25 and it still had not come in. They stated the tuna fish is not appealing to eat out of a bowl and would prefer to have gluten free crackers or gluten free bread to spread it on. In addition, they had requested fresh fruit and vegetables but does not receive them. Resident #7 stated when they were admitted and discussed their diet preferences they were informed the facility was unable to provide gluten free breads and crackers and fresh fruit and vegetables; therefore their family had been providing the gluten free breads, but doesn't think they should have to bring it in since gluten free breads are readily available in stores and doesn't understand why the facility will not provide them with their dietary needs. During a follow up interview on 1/22/25 at 2:18 PM Resident #7 stated they were served breaded fish on 1/21/25 for dinner and they sent it back and then received a hamburger with cheese without a bun because they do not have gluten free rolls, and it bothers them.</p> <p>2. During an interview on 1/21/2025 at 1:20 PM Resident #1 stated they did not like the tacos and did not like the fish. They stated their family ordered them a lunch meal from an outside source.</p> <p>Review of Resident #1's Nutritional assessment dated [DATE] revealed under the food preference the resident dislikes tacos.</p> <p>3. During an interview on 1/21/2025 at 1:25 PM Resident #2 stated the vegetables were not good and it wasn't their favorite meal. They stated, I'm used to it.</p> <p>Review of Resident #2's Nutritional assessment dated [DATE] revealed under food preference the resident dislikes spicy foods, rice and fish.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/21/25 at 2:38 PM the Acting Dietary Department Director #1 stated they are unable to order gluten free crackers or breads because of budget reasons. They stated dietary does not have set alternates and the residents are not notified of what is available or offered choices because what is provided to them is left over from the previous day or foods available in the refrigerator. Every day might be something different. They stated Resident #7 was provided an alternate because they ran out of chicken breast and do not have any at this time. During a follow up interview on 1/23/25 at 9:20 AM the Acting Dietary Department Director #1 stated they had not attempted to purchase gluten free breads or crackers because they believed the facility would not allow them to purchase the items. They stated they didn't know someone could go to the store to purchase gluten free breads and they didn't notify the Administrator Resident #7 was requesting gluten free breads. They stated they are responsible for ordering food for the planned meals for the week and didn't know Resident #7 had chicken breast every lunch and dinner on their meal plan. They stated they do not look at the resident's meal tickets to know if there are specific items that need to be purchased, they order based on the week's menu not specific resident request.</p> <p>During an interview on 1/22/25 at 7:42 AM the Nursing Supervisor Registered Nurse #1 stated when Resident #7 was admitted they were informed by the evening Nursing Supervisor that dietary told them they cannot accommodate and provide gluten free bread products according to the Resident's choice. They stated they informed the Director of Nursing of Resident #7's preferences, and the Director of Nursing informed them the resident could be provided their choices of gluten free products and would follow up.</p> <p>During an interview on 1/22/25 at 8:55 AM the Registered Dietician stated Resident #7 had requested gluten free breads on 1/6/25, but the facility did not have any gluten free breads. The family offered to provide the gluten free breads, and the facility had not made any arrangements to provide the gluten free crackers or breads. They stated they should have informed the Director of Nursing, Dietary Department Director and the Administrator that Resident #7 was requesting gluten free breads because it is the responsibility of the facility to provide specialized dietary products for residents. Additionally, they stated Resident #7 requested chicken breast daily at lunch and dinner. The facility ran out of chicken breast and had not been providing Resident #7 with their dietary preferences and have not been offering food alternate choices.</p> <p>During an interview on 1/22/25 at 2:45 PM Medical Director #1 stated the facility is responsible to ensure all residents are provided with an appropriate nutritional diet and provide food products that accommodate a resident's preferences within means. They stated prior to admission the facility should have either ensured the resident they were able to accommodate or not accommodate the resident's diet so that the resident was able to make an educated decision whether to be admitted here or not. They stated if a resident wants gluten free breads and crackers then it is the Administrator's responsibility to ensure the facility obtains the products. Additionally, if Resident #7 wanted chicken breast every lunch and dinner meal the Dietary Department Director should know what is needed and had ensured the chicken breast was ordered timely and provided to meet their preferences and dietary needs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/23/25 at 9:27 AM the Regional Administrator stated they oversee all aspects of the facility and stated gluten free products have never been denied and should have been ordered to accommodate the resident's dietary needs. If Resident #7 was planned to have chicken breast every lunch and dinner, then the Acting Dietary Department Director should have ensured it was ordered to accommodate their meal plan. They stated it is the facility's responsibility not the family to ensure specialized diet products such as gluten free breads and crackers are provided. They stated residents should be offered alternative choices for meals not the dietary staff deciding what they are going to send to the resident. They stated they believe all kitchen staff need additional training.</p> <p>During an interview on 1/23/25 at 10:36 AM Resident #7's family member stated upon admission they were informed the facility doesn't provide gluten free crackers and breads and had brought some in for Resident #7.</p> <p>During an interview on 1/23/25 at 1:30 PM the Director of Nursing stated they met with Resident #7 on 1/6/25 and was informed by Resident #7 they were gluten free and had concerns with their diet. They informed Registered Dietician #1 of Resident #7's request for preferences and the Registered Dietician met with the resident. They stated if Resident #7 requested gluten free breads and crackers and chicken breast daily at lunch and dinner then they should have been receiving them. They stated the Acting Dietary Department Director should have ensured the gluten free products and chicken breast were ordered. The Registered Dietician #1 should have ensured the resident was receiving their diet and preferences. They stated it is the facility's responsibility to ensure resident's nutritional diet and preferences are provided.</p> <p>During an interview on 1/27/25 at 9:00 AM Dietary Supervisor #1 stated if a resident's meal ticket documents a product that they know they are out of then they write ALT on the meal ticket meaning alternate and then dietary decides what to send up depending on what is available in the kitchen. They do not offer food choices because of limited amount of food available.</p> <p>During an interview on 1/27/25 at 9:20 AM [NAME] #2 stated they know what to make for each meal by following the Production Sheet the Dietary Supervisor develops the day before. They stated they do not look at the resident's meal tickets and didn't know Resident #7 had chicken breast listed on their meal plan for lunch and dinner every day. They stated if they were to ensure a chicken breast was to be cook then the Production Sheet should have the chicken breast identified on it.</p> <p>During an interview on 1/27/25 at 9:41 AM Dietary Supervisor #2 stated they complete the production sheet and do not know how the cooks know to cook a chicken breast. They stated they list the menu items on the production sheet and count the residents who are receiving regular meals but do not look at specific meal tickets for specific food items. They stated if a resident is listed to receiving anything else other than the regular menu then they count that resident to receive an alternate, and alternates are whatever is available in the kitchen.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335663	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/27/2025
NAME OF PROVIDER OR SUPPLIER Safire Rehabilitation of Southtown, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 300 Dorrance Avenue Buffalo, NY 14220	
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 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/27/24 at 10:59 AM the Administrator stated they were unaware Resident #7 had requested gluten free crackers and bread and should have been informed so they could ensure the products were available according to their diet and preferences. They were not aware the facility was out of chicken breast and stated the Acting Dietary Department Director should have known Resident #7 meal ticket documented chicken breast for both lunch and dinner meal and ordered it before running out. The Administrator reviewed the identified production sheet dated 1/27/25 and stated it doesn't reflect a chicken breast is to be cooked therefore would not be able to ensure Resident #7's meal plan preferences were going to be followed. The Administrator stated there needs to be improvement in the kitchen with processes and education provided.</p> <p>10 NYCRR 415.14(d)(4)</p>		