

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 04/26/2024
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>36415</p> <p>Based on observations, record review, and interviews conducted during the Standard survey completed on 4/26/24, the facility did not allow residents to choose activities, schedules, and health care consistent with his or her interests, assessments, and plan of care for one (Residents #61) of 2 residents reviewed for resident choices. Specifically, Resident #61 was given a bed bath instead of a shower as planned and per their stated preference.</p> <p>The finding is:</p> <p>The policy and procedure titled Quality of Life- Accommodation of Needs, dated 9/1/17, documented the resident's individual needs and preferences shall be accommodated to the extent possible, except when the health and safety of the individual or other residents would be endangered. The resident's individual needs and preferences, including the need for adaptive devices and modifications to the physical environment, shall be evaluated upon admission and reviewed on an ongoing basis. In order to accommodate individual needs and preferences, adaptations can be made to the physical environment, including the resident's bedroom and bathroom, as well as the common areas in the facility.</p> <p>The policy and procedure titled Care of the Bariatric Resident, dated 5/10/21, documented the facility will use an interdisciplinary care approach to care for residents with severe obesity, and the facility will ensure appropriate equipment is available and in good repair.</p> <p>Resident #61 had diagnoses including severe morbid obesity, multiple sclerosis (a progressive disease, involving nerve cells in the brain and spinal cord, that can cause numbness, impairment of muscular coordination), and fragile X syndrome (a genetic condition causing intellectual disability). The Minimum Data Set (a resident assessment tool) dated 11/30/23, documented Resident #61 was moderately cognitively impaired, always understood and always understands. The Minimum Data Set documented that it was very important for the resident to choose between a shower and a bed bath, and the resident was dependent on staff for showers.</p> <p>The care plan dated 3/15/21 documented Resident #61 preferred a shower twice a week, every Monday and Thursday on the day shift, with a goal that staff would honor the resident's preferences/choices as able.</p> <p>Resident #61's, undated, Care Profile (guide used by staff to provide care) documented the resident was to receive a shower one time per week on Mondays.</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
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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The undated, Yellow Unit shower schedule documented Resident #61 received showers on Thursdays. The facility was unable to provide evidence that showers were provided per the resident's care plan and that only bed baths were provided.</p> <p>During an interview on 4/22/24 at 9:43 PM, Resident #61 stated they had not had a shower since they were transferred from the second floor to the first floor. They could not recall how long that had been. They were given bed baths, but they preferred a shower. They stated that staff told them it was unsafe for them to be in the shower chair due to their size. Resident #61 stated they told several staff they preferred a shower over a bed bath.</p> <p>During an interview on 4/25/24 at 8:21 AM, Certified Nurse Aide #1 stated that Resident #61 got a bed bath instead of a shower because the shower chair was unsafe for them due to their weight.</p> <p>During an interview on 4/25/24 at 8:28 AM, Registered Nurse #1 stated that Resident #61 received a daily bed bath instead of a shower. They did not think the shower chair on the unit would be safe for Resident #61 due to their weight.</p> <p>During an interview on 4/25/24 at 9:19 AM, Licensed Practical Nurse Unit Manager #1 stated that showers were put on the schedule based on the resident's preferences. They stated that if a resident was scheduled for a shower, they would expect them to get it. The Unit manager stated they were aware that Resident #61 had been receiving bed baths instead of showers. They stated the resident's wheelchair would not fit into the shower room and the shower chair would not be safe for their weight. The Unit Manager stated that the previous administration had been aware of the situation, and nothing had been done about it. The Unit Manager stated the Resident's care plan should be changed to a bed bath instead of a shower.</p> <p>During an interview on 4/25/24 at 10:02 AM, the Environmental Director stated the larger shower chair on the Yellow unit would hold up to 375 pounds, however, there was a bariatric shower chair on the second floor that held up to 750 pounds.</p> <p>During an interview on 4/26/24 at 8:07 AM, the Director of Activities stated they completed the preference portion of the Minimum Data Set, on admission, if there was a significant change, and annually. They stated that they reviewed each question with the resident during each interview. The Director of Activities stated if there was a change in a resident's preference, they would update the unit manager.</p> <p>During an interview on 4/26/24 at 12:22 PM, the Director of Nursing stated if Resident #61's preference was to have a shower it should have been care planned and staff should have provided a shower.</p> <p>10 NYCRR 415.5 (b)(3)</p>		

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<p>F 0836</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the facility is licensed under applicable State and local law and operates and provides services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 36415</p> <p>Based on observation, interview, and record review during the Standard survey completed on 4/26/24, the facility did not operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes. Specifically, the facility was not in compliance with Section 915 of the 2020 Fire Code of New York State, which requires carbon monoxide detection in buildings with fuel-burning appliances and on-going preventative maintenance of carbon monoxide detectors. This affected two (First Floor, Second Floor) of two resident use floors and the Basement.</p> <p>The finding is:</p> <p>The policy and procedure titled Carbon Monoxide Detectors, effective 5/2019, documented carbon monoxide detectors shall be installed, tested and cleaned as per manufacturer's recommendations. Additionally, carbon monoxide detectors are to be vacuumed once monthly to remove any accumulated dust.</p> <p>Observations during the building tour on 4/22/24 from 6:10 PM until 9:00 PM revealed fuel-burning appliances were located in the Basement and First Floor. Resident sleeping rooms were located on the First and Second Floors. Further observation revealed there were Brand A single-station battery-operated carbon monoxide detectors in each of the six resident unit corridors, and also a Brand A single station battery-operated carbon monoxide detector in the Main Kitchen on the First Floor and the Laundry Room in the Basement. There was also a Brand B single-station hard-wired carbon monoxide detector in the Boiler Room in the Basement.</p> <p>1a. Review of Brand A carbon monoxide detector manufacturer's User Manual revealed, It is recommended that users test the manual key once a month. According to the User Manual, the product will self-test the buzzer circuit every week.</p> <p>Review of online operating instructions for Brand A carbon monoxide detectors revealed the device had three light indicators: green power light, yellow fault light, and red ALARM emergency light. The online operating instructions indicated when powering the device for the first time, press the test/ silence button for five seconds, the green power light will blink once per second, the red ALARM word will appear in the center, and it will make a beeping sound. This is the warm-up state. After 60 seconds, the green power light will blink once every minute, which is the normal working state. Additionally, the whole cover is the test/ silence button.</p> <p>During an interview on 4/22/24 at 7:00 PM, the Environmental Director, Maintenance Supervisor, and Maintenance Assistant stated the Brand A carbon monoxide detectors were installed after the last Life Safety Code survey in 2023 and there was no testing done on them. At this time, the Maintenance Assistant removed one from a corridor wall and stated there was no obvious test button on the front or the back of the device.</p> <p>(continued on next page)</p>		

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<p>F 0836</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 4/24/24 at 2:45 PM, the Regional Plant Operations Director stated the facility had eight Brand A carbon monoxide detectors, and that brand was chosen by corporate personnel because Brand A devices automatically performed self-tests. Also at this time, the Maintenance Supervisor stated they personally installed the Brand A carbon monoxide detectors in 2023 by pulling the tab on each one, and stated the green light did light up for a few seconds after each tab was pulled.</p> <p>Observation on 4/24/24 at 2:50 PM revealed the Brand A carbon monoxide detectors from the Laundry Room and from [NAME] Hall were brought to the Maintenance Shop for testing. At this time, both were pressed in the center and on the four corners for various lengths of time and neither of them produced a light or sound.</p> <p>Observation on 4/24/24 at 3:15 PM revealed the Brand A carbon monoxide detector in the [NAME] Hall was pushed in the center by the Maintenance Supervisor for various lengths of time and did not produce a light or sound.</p> <p>Observation on 4/24/24 from 3:00 PM to 3:20 PM revealed when the Brand A carbon monoxide detectors in the Lake Hall, [NAME] Hall, Shamrock Hall, [NAME] Hall, and Main Kitchen were pushed in the center by the Maintenance Supervisor or the Environmental Director, the word ALARM appeared in red in the center, several quick beeps were heard, and the green light flashed several times. After that series, the green light flashed once every minute.</p> <p>1b. Review of the Brand B carbon monoxide detector manufacturer's User's Manual revealed it is important to test this unit every week to make sure it is working properly. The unit can be tested manually by pressing the test/ silence button until the alarm sounds, or by remote control. Additionally, according to the User's Manual, the unit must be cleaned at least once a month by gently vacuuming the outside of the alarm.</p> <p>During an interview on 4/23/24 at 3:40 PM, the Regional Plant Operations Director stated the Brand B carbon monoxide detector in the Boiler Room was hard-wired, but still should be tested per manufacturer's instruction.</p> <p>During an interview on 4/24/24 at 3:20 PM, the Environmental Director stated the Brand A carbon monoxide detectors were installed prior to their employment at the facility and they were not familiar with them. The Environmental Director stated Maintenance staff were not testing the carbon monoxide detectors because there was no task on the automated maintenance work order system that addressed testing them. The Environmental Director stated they were familiar with the Brand B hard-wired carbon monoxide detector in the Boiler Room and tested it once, but did not perform further testing because they did not know if testing it would affect any other system in the facility. At this time, the Environmental Director also stated since learning more about the Brand A carbon monoxide detectors today, they now believed they should beep and flash red ALARM light and the green light when pushed in the center of the unit and they were unsure why three of them did not beep or light up as expected during today's testing.</p> <p>During an interview on 4/26/24 at 1:55 PM, the Environmental Director stated the importance of testing carbon monoxide detectors was to ensure that they would work in an actual carbon monoxide emergency. The Environmental Director also stated Brand A carbon monoxide detectors were not mechanically repairable and the three that did not respond at all to testing on 4/24/24 needed to be replaced.</p> <p>(continued on next page)</p>		

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F 0836 Level of Harm - Potential for minimal harm Residents Affected - Many	42 CFR 483.70(b) 10NYCRR: 415.29(a)(2), 711.2(a)(1) 2020 Fire Code of New York State, Section 915: 915.3.1, 915.6