STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335730	A. Building B. Wing	09/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St. Ann's Community	920 Cherry Ridge Boulevard Webster, NY 14580

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Based on observations, interviews, and record review conducted during a Recertification Survey from 09/04/2025 to 09/10/2025, for one (1) (3200 Unit) of two (2) medication carts reviewed, the facility did not ensure that all drugs and biologicals were properly stored in accordance with State and Federal laws. Specifically, there were multiple pre-poured pills in six (6) unlabeled medication cups and all the pre-poured medications were signed off as given in the Medication Administration Record prior to administering them to the residents. The findings include:The facility policy Medication-Preparation and Administration, dated 06/02/2022, included medications may not be set up in advance, medications must be administered within one (1) hour before or after their prescribed time, and to document after medications are taken by the resident.During an observation and interview on 09/09/2025 at 9:10 AM, a medication cart (3200 Unit) had six (6) unlabeled medication cups with various pills in each cup. During an interview at that time, Licensed Practical Nurse #2 stated the cups contained medications for Residents #3, #23, #33, #48, and #50 and they were able to identify all of the medications for each resident. Licensed Practical Nurse #2 stated their medication administration process included to go to resident rooms, if the resident is not in their room, the pills are put in medication cups and stored in the medication cart until the resident is located. Licensed Practical Nurse #2 stated they knew they should not administer medications to residents this way, but pre-pouring the medications and documenting them as given ensures the medication pass is completed on time. Review of the Medication Administration Audit report for 09/09/2025 revealed Licensed Practical Nurse #2 documented Residents #3, #23, #33, #48 and #50 had received their medications between 7:55 AM and 8:31 AM. During an interview on 09/10/2025 at 10:05 AM, the Director of Nursing stated nurses should be preparing medications for residents one (1) at a time and then document on the Medication Administration Record after they were given. The Director of Nursing stated pre-pouring medications and documenting as given when they have not actually been administered is dangerous as a nurse could give the wrong medications to the wrong resident. 10 NYCRR 415.18(e)(1-4)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised. Based on observations, interviews, and record review conducted during a Recertification Survey from 09/04/2025 to 09/10/2025, for one (1) (Resident #34) of one (1) resident reviewed, the facility did not ensure feeding assistants had successfully completed a State-approved training course that meets the requirements before feeding residents and feeding assistants provided dining assistance only for residents who have no complicated feeding problems. Specifically, Resident #34 who had a diagnosis of dysphagia (difficulty swallowing food or liquids) was observed receiving assistance with their breakfast meal from a staff member who had not completed an approved paid feeding assistant training program. Additionally, Resident #34's care plan did not reflect the use of a feeding assistant and the staff member was not under the direct supervision of a licensed nurse. The findings include:An official communication issued by the New York State Department Health, Dear Administrator Letter #07-11 (Paid Feeding Assistants), dated 12/20/2007, included nursing homes are allowed to utilize trained individuals as paid feeding assistants to supplement existing nursing staff in ensuring residents take in adequate food and fluids. Consistent with federal regulations, each feeding assistant must successfully complete a State-approved feeding assistant training program. The nursing home must maintain documentation on each individual that successfully completes the training program and/or is utilized as a feeding assistant at the facility. Upon completion of training, the nursing home must provide each individual with a certificate indicating his or her successful completion of the feeding assistant training program. Selection of residents to be fed will be made by the charge nurse, however the determination of those residents who can safely be fed or assisted by a feeding assistant must be based upon a registered professional nurse's assessment and the resident's plan of care.An official memo issued by the Centers for Medicare and Medicaid (CMS), Quality, Safety and Oversight (QSO)-22-15-NH (Nursing Homes), dated 04/07/2022, included the waivers of regulatory requirements have provided flexibility in how nursing homes may operate and have also removed the minimum standards for quality that help ensure residents' health and safety are protected. Centers for Medicare and Medicaid are ending the specific emergency declaration blanket waivers for skilled nursing facilities. Centers for Medicare and Medicaid modified the requirements regarding training of paid feeding assistants to allow that training can be a minimum of one (1) hour in length but did not waive other requirements related to paid feeding assistants or required training content. Emergency declaration blanket waivers are to end, effective 06/06/2022. Review of the facility policy Meal Service last revised 06/03/2022, included physical assistance of the Elder/Patient with meals may not be provided by staff not credentialed to do so. Resident #34 had diagnoses including dysphagia, essential tremor (a nervous system condition characterized by rhythmic shaking that cannot be controlled), and protein-calorie malnutrition. The Minimum Data Set (a resident assessment tool), dated 09/01/2025, included the resident had moderately impaired cognition and required set-up assistance with eating. The current comprehensive care plan, reviewed on 09/09/2025, revealed the resident was on aspiration precautions (guidelines to prevent food or liquids from entering the lungs instead of the stomach) and required adaptive devices during their meal.During an observation on 09/05/2025 at 9:37 AM, Administrative Assistant #1 was providing physical assistance with feeding Resident #34. Administrative Assistant #1 was the only staff member in the dining room at that time. Review of an undated facility document provided on 09/04/2025 included paid feeding assistant training had been provided in July 2017 and August 2023, three (3) facility staff had received training, and nine (9) residents were eligible for feeding assistance, none of whom were currently using paid feeding assistants. Administrative Assistant #1 was not included on the list of paid feeding assistants who completed the approved training.During an interview on 09/05/2025 at 3:32 PM, Administrative Assistant #1 stated staff who were not a certified nursing assistant or a licensed nurse were scheduled to assist with cooking, serving, and (continued on next page)

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	cleaning for residents at least twice weekly. Administrative Assistant #1 did not include feeding residents as an assigned task. During an interview on 09/05/2025 at 2:45 PM, the Administrator stated if staff are not a certified nursing assistant, licensed practical nurse, registered nurse or completed the State-approved paid feeding assistant training, they cannot feed residents. They stated only three (3) staff had completed the training. During a follow-up interview at 3:52 PM, the Administrator stated Administrative Assistant #1 had received training to feed residents during the covid pandemic but had not completed the State-approved training program. 10 NYCRR 415.14(h)