

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335752	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2025
NAME OF PROVIDER OR SUPPLIER  Elderwood at Cheektowaga		STREET ADDRESS, CITY, STATE, ZIP CODE 225 Bennett Road Cheektowaga, NY 14227	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review conducted during the Abbreviated Survey (Complaint #NY00376392) the facility did not ensure the resident's right to be free from verbal/mental abuse for one (1) (Resident #1) of three (3) residents reviewed. Specifically, Certified Nurse Aide #1 was witnessed yelling at Resident #1.</p> <p>The finding is:</p> <p>The policy and procedure titled Abuse Prevention, Identification, Investigation, Protection and Reporting revised 4/30/24 documented the facility will provide protection for the health, welfare and rights of each resident residing in the facility.</p> <p>The undated New York State Department of Health document titled Your Rights as a Nursing Home Resident in New York State documented as a resident in this facility you have the right to be free from physical, sexual, mental, and verbal abuse, corporal punishment, financial exploitation, and involuntary seclusion including physical and chemical restraints.</p> <p>Resident #1 had diagnoses including congestive heart failure, hypertension, and diabetes mellitus. The Minimum Data Set (a resident assessment tool) dated 3/7/25 documented Resident #1 was cognitively intact, was understood, and understands.</p> <p>The comprehensive care plan revised 1/3/25 documented Resident #1 was alert and oriented to person, place, and time, and made their own decisions.</p> <p>Review of Complaints/Incidents Tracking Report received on 3/28/25 at 11:05 AM documented allegation types mental/verbal abuse with reasonable cause to believe that abuse occurred.</p> <p>Review of Nursing Home Investigative Report completed by the Director of Nursing on 3/31/25 at 10:55 AM, revealed the alleged verbal/mental/abuse was verified and occurred on 3/28/25 at 5:40 AM. Resident #1 had written a statement that Certified Nurse Aide #1 had yelled, was nasty to them, and then left feces on the floor. Resident #1's roommate (Resident #4) witnessed Certified Nurse Aide #1 yelling at Resident #1. There were no other witnesses.</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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 4/30/25 at 1:39 PM, Certified Nurse Aide #1 stated they knew how to conduct themselves and denied yelling or being rough towards Resident #1. They said, there was no reason to yell, yelling was verbal abuse. They stated Resident #1 was incontinent of loose stool and the stool leaked from the soiled chuck pad onto the floor when they left the room with the soiled linens. Certified Nurse Aide #1 covered the stool with another chuck pad and left the room until someone could come and clean it up.</p> <p>During a telephone interview on 4/30/25 at 2:09 PM, Licensed Practical Nurse #1 stated they were informed of Certified Nurse Aide #1 yelling at Resident #1 the following day. They said yelling was verbal abuse and mental abuse depending on how it affected the resident. Licensed Practical Nurse #1 stated Resident #1 told them they were disappointed by Certified Nurse Aide #1's actions.</p> <p>During observation and interview on 5/1/25 at 9:02 AM, Resident #1 was coloring at their table in their bedroom, well groomed, and was in good spirits. Resident #1 stated Certified Nurse Aide #1 came into their room at 5:30 AM on 3/28/25 and yelled to them (Resident #1) that the world did not revolve around them, and they (Resident #1) were not special. They had four more residents to take care of and it was 5:30 AM. Certified Nurse Aide #1's conversation was intentional, nasty, and was verbally abusive.</p> <p>During an interview on 5/1/25 at 9:30 AM, Resident #5 stated Certified Nurse Aide #1's attitude had been porky.</p> <p>During an interview on 5/1/25 at 9:26 AM, Resident #6 stated Certified Nurse Aide #1 had a miss guided assumption this was an assisted living facility instead of a long-term care facility. They were here to help. Resident #6 stated they were afraid and did not want to cross Certified Nurse Aide #1 too much and did what they were told. Resident #6 stated Certified Nurse Aide #1 wanted them to become acclimated to their routine, not the other way around. Resident #6 did not hear Certified Nurse Aide #1 yell at Resident #1 but stated yelling was unacceptable and against our rights.</p> <p>During an interview on 5/1/25 at 10:28 AM, Resident #4 stated on 3/28/25 while the privacy curtain was open, they witnessed Certified Nurse Aide #1 yell to Resident #1 that the world did not revolve around Resident #1 in a loud, boisterous tone. They stated Certified Nurse Aide #1 had overcorrected Resident #1 during care and was verbally nasty. Resident #4 was afraid and did not say anything to Certified Nurse Aide #1.</p> <p>During an interview on 5/1/25 at 11:15 AM, Registered Nurse #1 Unit Manager stated Resident #1 was anxious and reported that Certified Nurse Aide #1 told them the world did not revolve around them, was nasty, and rough with care. Resident #1 did not want to get anyone in trouble. Registered Nurse #1 Unit Manager reported the allegation to the Director of Nursing immediately and said yelling at a resident was disrespectful, undignified and was verbal abuse.</p> <p>During an interview on 5/2/25 at 11:50 AM, Social Worker #1 stated Certified Nurse Aide #1 lacked empathy for Resident #1. Speaking over residents was impolite, rude and was verbal abuse. Verbal abuse should not be occurring. This is the residents' home and residents deserved empathy and compassion.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/25 at 12:02 PM, the Director of Nursing stated Resident #1 reported the event immediately on 3/28/25. Resident #4 verified that Certified Nurse Aide #1 screamed at Resident #1. Screaming at residents was not tolerated and inappropriate. The facility investigation concluded verbal/mental abuse. Certified Nurse Aide #1 was terminated.</p> <p>During an interview on 5/2/25 at 12:17 PM, the Administrator stated Certified Nurse Aide #1 was inappropriate when speaking to Resident #1. They became too complacent as Resident #1's caregiver thinking they could talk to them anyway they wanted to. There needs to be limits and boundaries. Resident #1 was honest and hurt by Certified Nurse Aide #1's actions even if those actions were unintentional and was considered verbal and mental abuse.</p> <p>10 NYCRR 415.4 (b)(1)(i)</p>