

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 02/05/2026
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.			
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F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review conducted during the survey, the facility did not ensure that a resident has the right to refuse treatment for two (2) (Resident #1 and #2) of three (3) residents reviewed for immunizations. Specifically, Resident #1 and Resident #2's Representatives did not give consent to administer the COVID-19 and influenza vaccines, and the residents received them. The findings are: The policy titled COVID-19 Vaccine Policy dated 07/25/2025, documented vaccination fact sheets will be made available to residents and resident representatives prior to administration. Informed consent either written or verbal will be obtained from all individuals being vaccinated. The vaccination is voluntary for all residents. Facility staff will monitor for potential side effects, in accordance with CDC (Centers for Disease Control and Prevention). The policy titled Influenza Immunization (Residents) Policy dated 09/24/2024, documented the facility will notify all residents and/or responsible parties annually, that immunizations against influenza will be arranged for and provided. Immunizations will be strongly encouraged. Prior to administration, resident and/or responsible parties will be educated regarding the risk and benefits of the influenza vaccine. The Unit Manager/designee will educate the resident or responsible party using the Vaccine Information Statements ([NAME]) information sheets produced by the Centers for Disease Control and Prevention. Vaccine Information Statements explain both the benefits and risks of the vaccine. The resident Influenza Vaccination Consent/Declination form will then be completed. New York State Department of Health Code, Rules and Regulations, Resident's Rights, last updated 05/17/2024, documented each resident shall have the right to: refuse medication and treatment after being fully informed and understanding the probable consequences of such action. Your Rights and Protections as a Nursing Home Resident dated 2/18 documented at a minimum, Federal law specifies that nursing homes must protect and promote the following rights of each resident. You have the right to have your family and friends involved: If a family member or friend is your legal guardian, they have the right to make important decisions on your behalf. 1. Resident #1 had diagnoses that included Alzheimer's Disease, vascular dementia, and cerebral vascular accident (stroke). The Minimum Data Set (a resident assessment tool) dated 09/05/2025 documented Resident #1 had moderate cognitive impairment, was understood and understands. The comprehensive care plan revised 01/02/2024 documented Resident #1 had advance directives including a Medical Orders for Life-Sustaining Treatment (MOLST), Health Care Proxy, Power of Attorney, and personal/compassionate care giver. Their goal included that their wishes would be honored throughout their facility stay. Interventions initiated on 12/08/2023 documented staff were to ensure compliance with requirements of state law regarding advance directives; provide education to resident/family/agent as needed and advanced directive wishes will be followed per the provider order. The Determination of Incapacity for Medical Decision-Making documented on 01/10/2024 that Resident #1's Agent/Surrogate had been informed of the determination of the</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 335752	Facility ID: 335752 If continuation sheet Page 1 of 8

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident's incapacity for medical/health care decisions as determined by two medical providers. The Vaccination Review: Consent/Declination Skilled Nursing Facility (SNF) Resident Form dated 08/28/2025 documented a verbal consent was obtained from Resident #1 by the Assistant Director of Nursing/Infection Preventionist to receive influenza and COVID-19 vaccinations. The form documented Resident #1 was administered the influenza and COVID-19 vaccinations on 10/16. The Immunization Audit Report dated 02/05/2026, documented previous refusals of immunizations by family/resident including Prevnar 20 (pneumococcal vaccine) on 04/30/2024; RSV (respiratory syncytial virus) on 12/13/2023, COVID-19 Booster on 12/13/2023, 04/24/2024, and 04/25/2024. Additionally, the influenza and COVID-19 vaccinations were documented as given on 10/16/2025. The Order Summary Report printed 02/05/2026, documented an order dated 06/19/2025 for Health Care Proxy: Activated 1/8/24; an order for the Influenza Virus Vaccine Split High-Dose Preservative Free inject 0.5 milliliters intramuscularly one time only on 10/16/2025; and an order for the COVID-19 Virus Vaccine inject 0.2 milliliters intramuscularly one time on 10/16/2025. During an interview on 02/04/2026 at 1:29 PM, Licensed Practical Nurse #4 stated they were not responsible for obtaining consents and/or declinations for vaccinations. They stated the Unit Managers or Nursing Supervisors obtained consent and/or declinations. During an interview on 02/04/2026 at 1:34 PM, Registered Nurse #1 Unit Two (2) Manager stated consent and/or declination for vaccinations would be obtained from a Health Care Proxy based on the resident's cognition. They stated it was important for residents to receive vaccinations if consented to, to prevent the spread of viruses, maintain health and infection control. They stated residents or Health Care Proxy Agents have the right to refuse or decline vaccinations. They stated that by allowing a resident to consent to or decline a treatment, they have control over their care. They stated a Health Care Proxy should be able to make the best decision for their family member if the resident was unable to. During a telephone interview on 02/05/2026 at 10:35 AM, Resident #1's Agent/Surrogate stated they were responsible for making medical decisions on the resident's behalf. They stated Resident #1 was given vaccinations without their consent and they were not notified until 10/24/2025 that they received them. They stated they would have declined the vaccinations. During a telephone interview on 02/05/2026 at 2:12 PM, Registered Nurse #3, the previous Unit 2 Manager stated Resident #1 lacked capacity and had paperwork in their chart indicating they lacked medical decision-making ability. They stated Resident #1 should not have been able to give consent to receive vaccinations. They stated Resident #1's spouse should have been called to make the determination on whether Resident #1 received any vaccinations. Registered Nurse #3, previous Unit 2 Manager stated the Assistant Director of Nursing/Infection Preventionist just went room to room and obtained verbal consents from residents. Registered Nurse #3, previous Unit 2 Manager stated the residents and family's rights were violated, the Assistant Director of Nursing/Infection Preventionist went against their rights by not verifying capacity prior to obtaining consents and Resident #1 received vaccinations against their Health Care Proxy Agent's wishes. 2. Resident #2 had diagnoses that included dementia, encephalopathy (altered brain structure or function) and chronic obstructive pulmonary disease (chronic lung disease). The Minimum Data Set, dated [DATE] documented Resident #2 had severe cognitive impairment, was usually understood and usually understands. The comprehensive care plan dated 09/29/2025 documented Resident #2 was moderately impaired with decision making. Interventions documented [NAME] Cognitive Level- 4 (guide used with persons who have or are suspected of having cognitive disabilities that impact safe performance of everyday activities; Level 4 cognition is moderately impaired). There was no documentation of capacity determination or Advance Directives. The Vaccination Review: Consent/Declination Skilled Nursing Facility (SNF) Resident Form dated 10/14/2025, documented verbal consent was obtained from Resident #2</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>by the Assistant Director of Nursing/Infection Preventionist to receive the influenza and COVID-19 vaccinations. The form documented Resident #2 was administered the influenza and COVID-19 vaccinations on 10/16/2025. The Immunization Audit Report dated 02/05/2026, documented Resident #2 was given the influenza and COVID-19 vaccinations on 10/16/2025. The Order Summary Report printed 02/05/2026, documented order dated 11/03/2025 for Health Care Proxy: Activated 9/22/2025; an order for the Influenza Virus Vaccine Split High-Dose Preservative Free inject 0.5 milliliters intramuscularly one time only on 10/16/2025; and an order for the COVID-19 Virus Vaccine inject 0.2 milliliters intramuscularly one time only on 10/16/2025. During an interview on 02/04/2026 at 1:54 PM, Licensed Practical Nurse #1 stated if a resident was unable to advocate for themselves, a consent or declination for vaccinations would have to come from the family. They stated they would look in the residents' chart to determine who was the resident's responsible party. During an interview on 02/04/2026 at 2:02 PM, Registered Nurse #2 Unit Four (4) Manager stated the Assistant Director of Nursing/Infection Preventionist went around the unit and obtained consents from residents for the flu clinic in October. They stated it was important for a resident or their responsible party to be able to consent or decline vaccinations for autonomy (a person's right to make their own independent decisions without external control). During an interview on 02/04/2026 at 2:16 PM, Social Worker #1 stated a Brief Interview for Mental Status (BIMS) was used to determine a resident's capacity. They stated a score under twelve (12) indicated that a resident lacked capacity. They stated if a resident does not have capacity, the family should be contacted to make decisions on the resident's behalf. Social Worker #1 stated Resident #2 did not have the ability to make decisions for themselves. They stated Resident #2's Health Care Agent makes their decisions for them. They stated Resident #2 would not be able to consent to receiving vaccinations and the representative should be notified if needed. During an interview on 02/04/2026 at 2:35 PM, the Assistant Director of Nursing/Infection Preventionist stated vaccination consents/declination were obtained by the resident or the resident's Health Care Proxy Agent. They stated they determine eligibility and get consent prior to the administration of vaccinations. They stated for efficiency purposes they obtained vaccination consents/declinations verbally from residents and by phone from the Health Care Proxy Agent. They stated they call family/ Health Care Proxy Agents, for residents with low Brief Interview for Mental Status (BIMS) for immunization offering and receive verbal consent and/or declinations. They stated it was not legal to administer a vaccine without a proper consent. They stated residents' rights should be honored. The Assistant Director of Nursing/Infection Preventionist stated they were familiar with Resident #1 and that they gave verbal consent to receive the influenza and COVID-19 vaccinations. They stated they were not aware of Resident #1's Brief Interview for Mental Status (BIMS) or that Resident #1's Health Care Proxy was activated. They stated they could not remember if they spoke with Resident #2's family as they did not indicate that on Resident #2's Vaccination Review: Consent/Declination Skilled Nursing Facility (SNF) Resident Form and should have documented if the family gave consent. During a telephone interview on 02/05/2026 at 9:34 AM, Resident #2's Health Care Agent stated consent for vaccinations were not discussed with them and they were not aware that Resident #2 had received the influenza and COVID-19 vaccinations on 10/16/2025. They stated that it would have been important for them to know. They stated they did not know if Resident #2 would have wanted to receive those vaccinations and the resident would not have understood what they were consenting to. Resident #2's Health Care Agent stated the facility should have contacted them to discuss whether Resident #2 should receive vaccinations, so an informed decision could have been made on Resident #2's behalf. During an interview on 02/05/2026 at 11:11 AM, the Director of Nursing stated residents' capacity should be reviewed by looking at their Brief</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview for Mental Status (BIMS) score and Determination of Capacity forms if present. They stated if a resident did not have capacity, then the family should be contacted. They stated prior to a consent and/or declination being obtained staff, should make sure the resident has the mindset, capacity to understand, and comprehend what it is they are consenting to or declining. They stated legally if a resident lacks capacity whoever their responsible party is should be making decisions for them. They stated residents have the right to refuse treatment. During an interview on 02/05/2026 at 12:23 PM, the Administrator stated prior to consents and declination being obtained, staff needed to know whether a resident had capacity or not. They stated consent and/or declination of treatment for a resident that lacks capacity or was unable to speak for themselves should be obtained from the family or Health Care Proxy, as this their right. During a telephone interview on 02/05/2026 at 1:07 PM, the Medical Director stated the residents Health Care Proxy should be activated when a resident lacks capacity, so decisions can be made on the resident's behalf. They stated a resident who lacks capacity should not receive vaccinations without the consent of their Health Care Proxy Agent/responsible party. 10NYCRR 415.3(f)(1)(ii)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review conducted during the survey, the facility did not maintain accurate medical record documentation for three (3) (Resident's #1, #2, and #3) of three (3) residents reviewed. Specifically, Residents #1, #2 and #3 were administered vaccinations by an outside pharmacist that were documented as being administered by facility nurses. The findings are: The policy titled Influenza Immunization (Residents) Policy revised 09/24/2024, documented residents will receive immunizations from a licensed nurse of this facility according to the physician's order. The administration of the vaccine will be documented on the Medication Administration Record. For residents that receive influenza vaccines from other than facility staff, historical documentation will be completed on the master log in the medical record utilizing the immunization module in the electronic medical record. The policy titled Medication Administration Methods revised 01/25/2024, documented the Medication Administration Record will be used when passing all medications. Medication must never be out of sight of the nurse administering the medication. Medication administration must be documented on the Medication Administration Record immediately before going to the next resident. Untitled documented dated 1/20 documented medication administration procedures included to check medical doctor orders against Medication Administration Record, verify label directions against the Medication Administration Record three times, observe the five rights of medication administration (time, resident, route, medication and dose). 1. Resident #1 had diagnoses that included Alzheimer's Disease, vascular dementia, and cerebral vascular accident (stroke). The Minimum Data Set (a resident assessment tool) dated 09/05/2025 documented Resident #1 had moderate cognitive impairment, was understood and understands. The Medication Administration Record dated 10/1/2025-10/31/2025, documented on 10/16/2025 that Licensed Practical Nurse #2 administered Resident #1's COVID-19 vaccine and their influenza vaccine. The Immunization Audit Report dated 02/05/2026, documented Resident #1's COVID-19 vaccine and influenza status were completed as given on 10/16/2025. The COVID-19 vaccination location and by whom it was administered was incomplete; the influenza vaccine was given in the left deltoid, by the Assistant Director of Nursing/Infection Preventionist. 2. Resident #2 had diagnoses that included dementia, encephalopathy (altered brain structure or function) and chronic obstructive pulmonary disease (chronic lung disease). The Minimum Data Set, dated [DATE] documented Resident #2 had severe cognitive impairment, was usually understood and usually understands. The Medication Administration Record dated 10/1/2025-10/31/2025, documented on 10/16/2025 that Licensed Practical Nurse #6 administered Resident #2's COVID-19 vaccine and their influenza vaccine. The Immunization Audit Report dated 02/05/2026, documented Resident #2's COVID-19 vaccine and influenza status were completed as given on 10/16/2025. The COVID-19 and influenza vaccination location and by whom it was administered was incomplete. 3. Resident #3 had diagnoses that included psoriatic arthritis (autoimmune inflammatory condition), chronic obstructive pulmonary disease (lung disease) and depression. The Minimum Data Set, dated [DATE], documented Resident #3 was cognitively intact, understood and understands. The Medication Administration Record dated 10/1/2025-10/31/2025, documented on 10/16/2025 that Licensed Practical Nurse #6 administered Resident #3's influenza vaccine. The Immunization Audit Report dated 02/05/2026, documented Resident #3's Influenza status was completed as given on 10/16/2025. The influenza vaccination was given in the left deltoid on 10/16/2025, by whom it was administered was incomplete. Resident #3 was documented to have refused the COVID-19 vaccine. During an interview on 02/04/2026 at 2:35 PM, the Assistant Director of Nursing/Infection Preventionist stated that an outside clinic/pharmacist came to facility and administered influenza and COVID-19</p> <p>(continued on next page)</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>vaccinations to residents during a Flu/COVID clinic. They stated the administration of these vaccinations was completed by the pharmacist during the clinic. They stated that they shadowed the pharmacist during the administration of vaccines. The Assistant Director of Nursing/Infection Preventionist stated they were not sure why the Medication Administration Record would indicate a nurse's initials for the administration of the influenza and COVID-19 vaccines because they were not administered by a nurse. They stated in the order detail type, in the Electronic Medical Record, the medication order selected should have been: Outside agency Medication/Vaccine Administration, not Standard Medication (Medication Administration Record). During an interview on 02/04/2026 at 3:32 PM, Licensed Practical Nurse #2 stated an outside agency came into the facility in October to complete resident influenza and COVID-19 vaccinations. They stated the outside agency did not have access to the residents' Medication Administration Record and could not sign for the administration of the vaccines. They stated that once they verified a resident had received the vaccines, they signed them out on the Medication Administration Record. They stated they generally do not sign out medications on the Medication Administration Record if they were not the one who had administered them because they do not know what was actually given. Licensed Practical Nurse #2 stated they were not comfortable doing this (signing for medications they did not give) because it was their license on the line, but they were asked by their Unit Manager (Registered Nurse #3, previous Unit 2 Manager) to complete it and they did. They stated they witnessed some of the vaccinations being given to residents but did not witness Resident #1's vaccinations being administered. They stated they verified with residents and reviewed the resident's vaccination form prior to signing what vaccinations were given. During a telephone interview on 02/04/2026 at 4:20 PM, Licensed Practical Nurse #5, Supervisor stated they would only sign for the administration of a medication if they administered it. They stated, you should not document something you did not do. During a telephone interview on 02/04/2026 at 4:21 PM, Licensed Practical Nurse #6 stated they did not administer any COVID-19 or Influenza vaccinations on 10/16/2025. They stated they were brought in that day, 10/16/2025, to assist with putting in vaccination orders. They stated whatever nurse was working should have signed for the administration of the vaccinations on the Medication Administration Record. They stated if the nurse was on the unit when the vaccinations were being administered, they can indicate on the Medication Administration Record they were given. During a telephone interview on 02/05/2026 at 10:32 AM, Registered Nurse #3, previous Unit 2 Manager stated if they witnessed medication being given, they would sign for the administration of that medication. They stated the outside agency who administered the vaccinations just notified them as to what residents they gave the Influenza and COVID-19 vaccines to. They stated they would not sign for the administration of a medication if not witnessed because you would not know if the medication was truly given or not. They stated they never directed any nurse to sign for a medication they did not see being administered. During an interview on 02/05/2026 at 11:11 AM, the Director of Nursing stated they would expect vaccinations to be signed out on the Medication Administration Record for accountability. They stated that the nurses who signed for administering the vaccinations were present and witnessed the vaccines being given. They stated the vaccinations, COVID-19 and Influenza vaccines were administered by a third party on 10/16/2025, not by the facility nursing staff. They stated if there was an option to select that an outside agency administered the vaccination, this is what they should have used, but they did not know that existed when entering orders. During an interview on 02/05/2026 at 12:23 PM, the Administrator stated nurses should not be signing for medications they did not prepare or administer. They stated the nurse that was with the team administering the vaccinations should have been signing for the administration. 10 NYCRR 415.22 (a)(2)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on interview and record review the facility did not ensure infection control practices were maintained to include when the COVID -19 vaccine is available to the facility, each resident is offered the COVID -19 vaccine unless immunization is medically contraindicated or the resident has already been immunized. Before offering COVID-19 vaccine, each resident or the resident representative received education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; the resident has the opportunity to accept or refuse the COVID-19 vaccine and change their decision and that the resident's medical record includes documentation that indicated if a resident did not receive the COVID-19 vaccine due to medical contraindications or refusal for one (1) of three (3) residents reviewed for infection control. Specifically, the medical record did not have evidence of declination for the refusal of the COVID-19 vaccination for Resident #3 and there was no evidence that education regarding the risks and benefits about the COVID-19 vaccination was provided to the resident. Additional review of 34 other resident Vaccination forms revealed there were no signatures of declinations and that education was provided to the residents or their representative. The findings are but not limited to: The policy and procedure titled COVID-19 Vaccine Policy dated 07/25/2025 documented residents who decline to be vaccinated for COVID-19, the facility will obtain a written affirmation for signature indicating that the resident was offered and declined the COVID-19 vaccination. Vaccination fact sheets will be made available to residents and resident representatives prior to administration. Informed consent either written or verbal will be obtained from all individuals being vaccinated. The vaccination is voluntary for all residents. Facility staff will monitor for potential side effects, in accordance with CDC (Centers for Disease Control and Prevention). The policy did not include at a minimum what the medical record documentation must include. Review of The Vaccination Review: Consent/Declination Skilled Nursing Facility (SNF) Resident Form included a space to document the resident's name, date of birth , type assessed/vaccine history, eligibility, contraindications, decision (not eligible, consented, and declined), consent statement, declination statement, a line for resident/legal representative signature and date ; and a line for verbal consent obtained from, and received by for both the consent and declination statements. 1. Resident #3 had diagnoses that included psoriatic arthritis (autoimmune inflammatory condition), chronic obstructive pulmonary disease (lung disease) and depression. The Minimum Data Set (a resident assessment tool) dated 10/31/2025 documented Resident #3 was cognitively intact, was understood and was understood by others. Vaccination Review: Consent/Declination Skilled Nursing Facility (SNF) Resident Form dated 08/28/2025 documented verbal consent was obtained from Resident #3 by the Assistant Director of Nursing/Infection Preventionist to receive influenza. Resident #3's decision to receive the COVID-19 vaccination was documented as declined. The declination statement was not signed, and verbal declination was not documented. There was no evidence that Resident #3 received education regarding the COVID-19 vaccination risk and benefits. During an interview on 02/04/2026 at 1:01 PM, Resident #3 stated they wanted to receive the COVID-19 vaccine. They stated they never received any written or verbal education regarding the COVID-19 vaccine and had not signed a declination not to receive the vaccination. Immunization Audit Report dated 02/05/2026, documented Resident #3 refused the COVID-19 vaccine on 11/07/2025 and no education provided. b. Review of Vaccination Review: Consent/Declination Skilled Nursing Form for thirty-four (34) residents whom were indicated to have declined the COVID-19 vaccination, there was no documentation of a declination signed by the resident/legal representative and that a Vaccine Information Sheet(s) were provided regarding the benefits and risks and</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>potential side effects associated with the COVID-19 vaccine. During an interview on 02/04/2026 at 1:34 PM, Registered Nurse Unit Manager #1 stated when a resident declined or refused a vaccination there should be a declination they sign on the form (Vaccination Review: Consent/Declination Skilled Nursing Form). During an interview on 02/04/2026 at 2:35 PM, the Assistant Director of Nursing/Infection Preventionist stated it was important for risks, benefits of vaccinations to be reviewed with resident/family so they can make an informed decision. They stated they provided risks and benefits of vaccinations verbally to residents/family. They stated when a resident declined a vaccination they should have indicated at the bottom of the Vaccination Review: Consent/Declination Skilled Nursing Form the resident's declination with a signature or verbal declination, to document what vaccine the resident was declining/refusing to receive; and to verify education was provided. During a telephone interview on 02/05/2026 at 10:32 AM, Registered Nurse #3, previous Unit 2 Manager stated they did not provide any vaccination education or obtain any consents/declination for the Influenza/COVID-19 clinic, October 2025. During an interview on 02/05/2026 at 11:11 AM, the Director of Nursing stated if a resident/family consented to one vaccination but declined another vaccination on the same form they would expect both the consent and the declination statement to be signed. They stated this would clarify what was declined and what was accepted for legal purposes. They stated education should have been completed by the individual obtaining the consents and/or declinations. During a follow up interview on 02/05/2026 at 12:00 PM, the Assistant Director of Nursing/Infection Preventionist stated they were responsible for providing the vaccination education to the resident/family before they completed their vaccine consents/declinations. They stated they provided verbal instruction but had no evidence that it was completed. During an interview on 02/05/2026 at 12:23 PM, the Administrator stated the declination statement on the bottom of the Vaccination Review: Consent/Declination Skilled Nursing Form should have been completed if a resident and/or family declined the COVID-19 vaccination. They stated they did not know what the education on COVID-19 vaccination entailed but they would expect staff to follow the policy. The risks verses benefits should be reviewed with resident/family prior to obtaining consents and/or declinations. 10 New York Code Rules Regulation 415.19 (a) (1-3)</p>		