STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335834	A. Building B. Wing	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highpointe on Michigan Health Care Facility	1031 Michigan Ave Buffalo, NY 14203

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and record review conducted during the Abbreviated Survey (Complaint #NY00376929) the facility did not ensure that a resident who needs respiratory care, is provided such care, consistent with professional standards of practice, the comprehensive person-centered care plan, the residents' goals and preferences for one (1) (Resident #1) of three (3) reviewed. Specifically, a BiPAP machine (Bilevel Positive Airway Pressure machine used as a non-invasive respiratory support) was not provided until five days after admission to the facility. The finding is: The policy and procedure titled Resident Assessment Process revised 12/2022 documented the external data collection of medical documents begins at the time of admission from transferring institutions. These documents will assist the interdisciplinary team in the development of the comprehensive assessment. Data will be collected from various sources, not limited to hospitals. The internal collection process was conducted simultaneously of gathering information to validate, develop and assess the resident's current needs. The accumulation of medical information will allow the development of a Comprehensive Assessment Plan which will assist the resident to maintain his/her highest practical level of care and enhance the resident's quality of life. The policy and procedure titled admission Policy, Long Term Care revised 1/2024 documented an assessment of the resident's level of care needs will be performed prior to admission by or on behalf of the agency or person seeking admission for the resident. Resident #1 was admitted to the facility with diagnoses including chronic obstructive pulmonary disease, diabetes mellitus, and anxiety. The Minimum Data Set (a resident assessment tool) dated 3/30/24 documented that Resident #1's memory was ok and an independent decision maker. The Minimum Data Set did not document the use of a BiPAP machine. The admission pre-screen with a locked date of 3/25/25 documented respiratory treatment/therapy that included the use of a BiPAP. The discharge planning note within the admission pre-screen documented Resident #1's baseline oxygen was maintained on five (5) liters of oxygen via nasal cannula and a BiPAP machine every night. The Hospital Discharge summary dated [DATE] documented chronic hypoxic hypercapnic (too much carbon dioxide in the blood stream) respiratory failure due to chronic obstructive pulmonary disease. BiPAP every night with settings 5 expiratory positive airway pressure (epap) and 12 inspiratory positive airway pressure (ipap). (continued on next page)

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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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Skilled Nursing Facility admission Data Sheet signed, completed at 6:20 PM on 3/25/25 by Registered Nurse #3 documented oxygen use at five (5) liters via nasal cannula. There was no documented evidence Resident #1 required a BiPAP. The Baseline Resident Care plan with an effective date of 3/25/25 revealed a respiratory section which included boxes for BiPAP and oxygen. The boxes were blank. Nursing Progress Note dated 3/25/25 at 6:53 PM, Registered Nurse #3 documented Resident #1's respirations were full and easy on five liters of oxygen via nasal cannula. There was no documented evidence Resident #1 used a BiPAP machine. Nurse Practitioner #2's Progress Note dated 3/26/25 documented they ordered a BiPAP at night and as needed for sleep during the day. Review of the Order Summary Report revealed an active physician's order dated 3/26/25 for the BiPAP at night and as needed during the day. The settings were 5 expiratory positive airway pressure (epap) and 12 inspiratory positive airway pressure (ipap). There was no physician's order for the BiPAP upon the resident's admission to the facility. Review of the March 2025 Medication Administration Record revealed an active physician's order dated 3/26/25 for the use of a BiPAP machine at night and as needed during the day. On 3/26/25, 3/28/25, and 3/29/25 at 9:00 PM the number nine (9) was documented and referred to see the progress notes. On 3/27/29 the medical record was inaccurately documented as the BiPAP machine was not available in the facility until 3/30/25. Review of the Nursing Progress Notes dated 3/26/25 at 8:53 PM and 3/29/25 at 10:03 PM, Licensed Practical Nurse #1 documented Resident #1's BiPAP machine was not available. On 3/28/25 Licensed Practical Nurse #3 documented at 8:22 PM that Resident #1 did not have a BiPAP machine. The Nursing Progress Notes dated 3/30/25 revealed Resident #1 received the BiPAP machine at 12:00 PM. Resident #1 was lethargic and only opened their eyes to verbal stimuli. Resident #1 was transferred to the hospital on 3/30/25 at 3:05 PM for evaluation. During a telephone interview on 4/8/25 at 11:54 AM, admission Screener #1 stated they confirmed with the hospital social worker during their screening process and relayed to the facility via an email on 3/25/25 at 11:35 AM that Resident #1 required a BiPAP machine while at the facility. An email was sent as a notification to the Director of Nursing, the Long-Term Care Health Information Manager, and the Administrator and then forwarded on to the Unit Manager. The facility was responsible to ensure the facility ordered the equipment from the vendor. Review of an email provided on 4/8/25 at 1:10 PM by admission Screener #1 revealed they had informed the Director of Nursing, the Long-Term Care Health Information Manager, and the Administrator at 11:35 AM on 3/25/25 that Resident #1 was being admitted into the facility on 3/25/25 and required a BiPAP machine and documented the required settings. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a telephone interview on 4/8/25 at 11:23 AM, Nurse Practitioner #1 stated they expected the hospital discharge summary be followed and the BiPAP equipment to have been available for Resident #1 upon admission. Registered Nurse #3 should have noticed there was no equipment and should have contacted the provider for further instructions. Resident #1 could have retained carbon dioxide and decompensated. Nurse Practitioner #1 stated they would have ordered additional pulse oximetry readings and monitored frequently throughout the night for respiratory distress. During a telephone interview on 4/8/25 at 11:58 AM, Licensed Practical Nurse #1 stated they documented in the Nursing Progress Notes BiPAP was unavailable on 3/26/25 and they verbally told Registered Nurse #4 that Resident #1 needed the BiPAP. Licensed Practical Nurse #1 stated the machine was still unavailable on 3/29/25. During a telephone interview on 4/8/25 at 3:50 PM, Registered Nurse #3 stated they worked together with Registered Nurse #4 on Resident #1's admission. Registered Nurse #4 completed the orders and confirmed them with the physician and completed the assessments and the paperwork. Registered Nurse #3 stated they were unaware that Resident #1 required a BiPAP. Nurses were never responsible for ordering equipment; it was the responsibility of the Unit Manager. During a telephone interview on 4/9/25 at 7:52 AM, Nurse Practitioner #2 stated it was blatant per the hospital discharge summary that the BiPAP should have been ordered upon admission, it was not ordered, so they ordered it on 3/26/25. Nurse Practitioner #2 was not sure if Resident #1 would be compliant with the equipment but they would have expected at the least to have it in the building. During a telephone interview on 4/9/25 at 9:08 AM, the Medical Director stated they confirmed the orders on 3/25/25 over the telephone. It was not brought to their attention the need for the BiPAP until 3/29/25 when they found out that Resident #1 did not have one. The Medical Director stated they reviewed Resident #1's history and physical from their most recent hospital stay on 3/30/25 which said Resident #1 did not receive their BiPAP while at the nursing home and that was concerning. During a telephone interview on 4/9/25 at 9:51 AM, Registered Nurse #4 stated the admission screener ordered equipment prior to admission into the facility. There was no physicians order on the hospital Discharge summary dated [DATE] for the BiPAP, and they must have overlooked it. During an interview on 4/24/25 at 9:30 AM, Registered Nurse #1 stated Resident #1 was admitted with a respiratory diagnosis, and the need for the BiPAP was documented in the meat of discharge summary. If one was used it in the hospital, they would have expected the resident to have one ready to go in the facility. Licensed Practical Nurse #1 verbally communicated there was no equipment to Registered Nurse #4. Registered Nurse #4 should have informed the Nursing Supervisor or the Director of Nursing who could have contacted the vendor. During an interview on 4/24/25 at 2:53 PM, the Director of Nursing stated someone on the unit should have been notified and ordered the equipment. Resident #1 used BiPAP in the hospital, and it should have been available. The Director of Nursing stated they did receive an email dated 3/25/25 from admission Screener #1 but did not read it. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/24/25 at 3:15 PM, the Administrator stated the email from admission Screener #1 on 3/25/25 was for notification purposes. It would have been prudent to have a BiPAP machine prior to Resident #1 coming into the facility. In addition, the Administrator stated there was no policy specifically for use of BiPAP machines. 10 NYCRR 415.12(k)(6)