

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335638</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>BUFFALO CENTER FOR REHABILITATION AND NURSING</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1014 DELAWARE AVE BUFFALO, NY 14209</b>	
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 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Some	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and record review during the COVID-19 Focused Infection Control Survey (Complaint #NY 494) conducted on 7/6/20, the facility did not establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections for one (4th Floor Unit) of three units reviewed. Specifically, the facility did not appropriately social distance (at least six feet apart) residents (Resident's #1, #2, #3, #4, #5, #6, #7, #8, and #9) while in common and communal dining areas. The findings are: Review of a CMS (Centers for Medicare and Medicaid) memorandum (QSO-20-28-NH) dated 4/24/20 documented residents may still eat in dining rooms, however, nursing homes should adhere to social distancing, such as being seated at separate tables at least 6 feet apart. We note social distancing should be practiced at all times (not just while dining). We further note that eating in dining areas with appropriate social distancing only applies to residents without signs or symptoms of a respiratory infection, and without confirmed [DIAGNOSES REDACTED]. Facility should suspend all group gatherings within facility, this includes group activities and communal dining. Limit of up to 10 residents in dining space at a time as long as able to maintain six feet of distance from each other. During an entrance interview on 6/30/20 at 8:40 AM the Assistant Director of Nursing (ADON) Registered Nurse (RN) #1 stated the facility did have positive COVID-19 residents and the facility is now COVID-19 free. During an observation on 6/30/20 at 8:57 AM, on the fourth-floor unit 8 residents were seated at a table in dining area. Residents #1, #2, #5, #7, #8 and #9 were seating at that table and not 6ft apart from another resident. During an observation on 6/30/20 at 12:30 PM, on the fourth-floor unit there were 8 residents seated at a table in the dining area. Residents #1, #2, #5, #6, #3 and #4 were seated at that table and were not 6ft apart from another resident. During an observation and interview on 6/30/20 at 12:56 PM, Maintenance worker #1 measured the dining room tables in the 4th floor dining area and stated the four- square tables were 4 feet by 4 feet and the two smaller tables were 42 inches by 42 inches. During an interview on 6/30/20 at 1:12 PM, the Director of Nursing (DON) stated the dining room tables were never measured and was not aware the tables measured 4 feet by 4 feet and two tables measured at 42 inches by 42 inches. The DON stated there should not be more than one resident at a table to maintain social distancing. During an interview on 6/30/20 at 1:22 PM, the Administrator stated there should not be more than one resident eating at the dining table. The Administrator stated the requirement is to maintain 6 feet social distancing. The Administrator further stated if there isn't enough room to socially space the residents for meals, then the meals should be staggered to promote social distancing as required. 415.19(a) (1-3)</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE (X6) DATE	

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.