

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 335638	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/28/2020
NAME OF PROVIDER OF SUPPLIER BUFFALO CENTER FOR REHABILITATION AND NURSING		STREET ADDRESS, CITY, STATE, ZIP 1014 DELAWARE AVE BUFFALO, NY 14209	
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 0609 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review conducted during a Complaint Investigation (Complaint #NY 518) during an Abbreviated survey completed on 8/27/20, the facility did not ensure that all alleged violations involving abuse were reported immediately but no later than two hours after the allegation is made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, to the Administrator of the facility and to other officials (including to the State Survey Agency) for three (Resident #1, 2 and 3) of three residents reviewed for abuse reporting. Specifically, the facility did not report an allegation of abuse to the New York State Department of Health (NYS DOH) within the two-hour required time frame. The findings are: The facility policy titled Abuse dated 2/2019 documented the facility prohibits the mistreatment, neglect, and abuse of residents/patients. The facility prohibits any exploitation of mentally and physically disabled residents in the facility. The Administrator and the Director of Nursing (DON) are responsible for investigating and reporting. Local law enforcement and appropriate State Agency(s) are to be notified immediately (no later than two hours after allegation/identification of allegation) by Agency's designated process after identification of alleged/suspected incident. 1. Resident #2 has [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - a resident assessment tool) dated 7/6/20 documented Resident #2 had severe cognitive impairments, was understood and understands. Resident #3 has [DIAGNOSES REDACTED]. The MDS dated [DATE] documented Resident #3 had severe cognitive impairments, usually understood and sometimes understands. Review of an Investigation Form dated 11/21/19 documented a resident to resident altercation at 6:00 PM that involved Resident #2 and Resident #3. Resident #2 struck Resident #3 with a closed hand. The residents were separated. Resident #2 stated they tried to prevent Resident #3 from entering their room. Resident #3 kicked and grabbed Resident #2's arm. Resident #2 struck Resident #3. Review of the Health Electronic Response Data System (HERDS) Nursing Home Incident Form (provided by the facility) revealed the Director of Nursing (DON) reported the alleged abuse to the Department of Health on 11/21/19 at 10:58 PM. During an interview on 8/27/20 at 1:56 PM, the DON stated she had to return to the facility to start the investigation. The DON interviewed staff and gathered witness statements then reported the alleged abuse to the State Agency. The DON stated the alleged abuse was not reported within the required two-hour time frame. 2. Resident #1 has [DIAGNOSES REDACTED]. The MDS dated [DATE] documented Resident had severe cognitive impairment, understood and sometimes understands. Review of an Investigation Form dated 1/26/20 documented on the morning of 1/26/20 at approximately 7:05 AM, the nursing supervisor received a phone call from Resident #1's companion. The companion stated Resident #1 called to tell them they were struck in the head and arms with a television remote by an aide at the facility that morning. The alleged certified nurse aide (CNA) was suspended pending further investigation and was terminated on 1/30/20. Review of an email submission (provided by the facility) dated 1/27/20 revealed the Assistant Director of Nurses (ADON) reported the alleged abuse to the Department of Health on 1/26/20 at 5:44 PM. During an interview on 8/27/20 at 2:15 PM, the ADON stated the incident was reported during the investigation to the State Agency. It was the weekend, time passed, and she didn't realize it was past the two-hour time frame, which led to the delay. During an interview on 8/27/20 at 2:20 PM, the DON stated all allegations or suspected allegations of abuse should be reported to the Department of Health within two hours and these were not. During an interview on 8/27/20 at 2:25 PM, the Administrator stated they were aware of the abuse allegations and the allegations should have been reported no later than two hours from the time of occurrence. The Administrator stated they informed the staff to report abuse allegations, then update the submission later. 415.4(b)(2)</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.