

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>335326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>09/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ELDERWOOD AT WILLIAMSVILLE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 BASSETT ROAD WILLIAMSVILLE, NY 14221</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 0567  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Honor the resident's right to manage his or her financial affairs.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review conducted during a Standard survey completed on 9/23/20, the facility did not ensure that the resident's right to manage his or her financial affairs was maintained for one (Resident #74) of one resident reviewed for personal funds. Specifically, the resident requested a check of greater than \$100.00 from his/ her facility personal funds account and did not receive the check within 3 business days. The finding is: The State Operations Manual effective November 28, 2017 documented residents requests for access to their funds should be honored by facility staff as soon as possible but no later than: the same day for amounts less than \$100.00 (\$50.00 for Medicaid residents); three banking days for amounts of \$100.00 (\$50.00 for Medicaid residents) or more. Facility policy and procedure Resident Fund Transactions and Accounts last modified 9/14/18 documented upon request the resident will have the opportunity during the scheduled hours to examine their personal allowance account record including balance, deposits and withdrawals. The Business Office staff will respond to such requests within one (1) business day or as soon as possible. Deductions are entered for other checks written at resident's request. The resident is asked to sign a check request form or have a bill submitted to the business office monthly for payments such as: telephone bills, insurance premiums, newspaper bills, etc. Withdrawals are posted using the check number for the disbursement. 1. Resident #74 was admitted to the facility with [DIAGNOSES REDACTED]. The Minimum Data Set (MDS - a resident assessment tool) dated 7/30/20 documented the resident understands, was understood, and cognitively intact. During an interview on 9/17/20 at 9:43 AM, Resident #74 stated they had requested checks from their facility personal funds account and had not received the requested checks in a timely manner. Review of a Resident Account Withdrawal dated 1/30/20 documented Resident #74 requested \$350.80 from their personal funds account. Review of facility Check Requisition dated 2/6/20 revealed Resident #74 received the funds six (6) business days after the initial request. During an interview on 9/23/20 at 8:50 AM, Business Office worker #1 stated she did not recall the reason for the delay of the 1/30/20 request. Review of a Resident Account Withdrawal dated 9/11/20 documented Resident #74 requested \$100.00 from his/ her personal funds account. Review of a Resident Account Withdrawal dated 9/11/20 documented Resident #74 received the requested funds 9/21/20, seven (7) business days after the initial request. During an interview on 9/22/20 at 8:57 AM, Business Office worker #1 stated Resident #74 requested a check on 9/11/20, and the request was processed. The Administrator is the only authorized signatory for checks in the building, and the Administrator was on vacation. During an interview on 9/22/20 at 9:12 AM, the Administrator stated once a resident requests funds, the business office confirms availability of funds, and then the Administrator signs the check. The Administrator stated he is the only authorized signatory in the facility. 415.26(h)(5)</p>		
F 0609  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review conducted during a Standard survey completed on 9/23/20, the facility did not ensure that all alleged violations involving abuse are reported immediately, but no later than two hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the appropriate officials (including the State Survey Agency) in accordance with State Law through established procedures. Specifically, for one (Resident #82) of one resident reviewed the facility did not report an incident of failure to follow the care plan resulting in Resident #82 falling out of bed (OOB) and sustaining a skin tear to the New York State Department of Health (NYSDOH) within the required timeframe. The finding is: Review of the facility's policy and procedure (P&amp;P) entitled Abuse Prevention, Identification, Protecting and Reporting dated 4/17/19 documented all staff are obligated to report to the administrator and the State Department of health all incidents or suspicion of physical abuse, mistreatment or neglect of residents. The P&amp;P further documented the facility should report to the NYSDOH immediately upon having reasonable cause to believe that abuse has occurred. The results of the completed investigation must be reported to the Administrator and to the NYSDOH state licensing agency and any other agency as required by law within time frames required by regulations. Resident #82 has [DIAGNOSES REDACTED]. Review of the Minimum Data Set (MDS - a resident assessment tool) dated 7/30/20 revealed the resident is sometimes understood, usually understands and is moderately cognitively impaired. The MDS further revealed the resident is non ambulatory and requires extensive assist of two people for transfers. Review of the comprehensive Care Plan (CCP) with a revision date of 8/5/20 revealed the resident was at risk for falls related to decreased mobility, history of falls, non-compliant with plan of care (POC), attempts to self-transfer especially OOB and will place self on the mat next to bed on the floor. Interventions include low bed, mat on left side of bed on the floor and winged mattress. Review of the untitled investigation report dated 6/27/20 revealed an incident of resident falling from bed was investigated by the Unit Manager and the Assistant Director of Nursing (ADON) on this date. Resident #82 was left in bed; the bed was not in low position and there was no mat on floor next to the bed. The resident was being uncooperative and the Certified Nursing Assistant (CNA) did not think it was safe to transfer them during the behavior. The CNA left the room to allow the resident to calm down and the resident rolled from the bed onto the floor. The CNA admitted to leaving the resident alone with the bed elevated and no mat on the floor. The CNA was re-educated, and discipline was issued related to the incident. Review of the Accident and Incident Report (A&amp;I) dated 6/27/20 revealed the resident had an unwitnessed fall from the bed and sustained a skin tear to the right elbow. The resident was calling out, call bell was not activated, and the bed was noted to be raised and the floor matt was folded in the corner. During an interview on 9/21/20 at 1:45 PM, the Assistant Director of Nurses (ADON) stated she recalled the incident of the resident falling, would attempt to locate the investigation and would check with the Director of Nursing (DON). During an interview on 9/21/20 at 2:19 PM, the DON stated the incident should have been reported to the NYSDOH, they realized today (9/21/20) when it was brought to the facilities attention by the surveyor. Review of the Complaint/ Incident Tracking System Report (software that logs and tracks nursing home complaints) revealed the incident was reported to the NYSDOH on 9/21/20 at 2:31 PM. During an interview on 9/23/20 at 10:14 AM, Registered Nurse (RN #1) Unit Manager (UM) stated she was unaware the incident was not reported until this week and the ADON was responsible for reporting to NYSDOH. During an interview on 09/23/20 at 10:46 AM, the ADON stated she would have expected the CNA to put the bed in a low position and the mat on the floor before leaving the room as per the resident's plan of care. The ADON stated she should have reported the incident to the NYSDOH. 415.4 (b)(4)</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.