



STATE OF NEW YORK DEPARTMENT OF HEALTH

Western Region

Office of Adult Services

259 Monroe Avenue, Room 313, Rochester, NY 14607-3687

Richard F. Daines, M.D.
Commissioner

James W. Clyne, Jr.
Executive Deputy Commissioner

April 1, 2010

Mr. Nicholas B. Tzetzso
Operator
Fredonia Place
50 Howard Street
Fredonia, NY 14063

Facility Identification #: AF0606A
Visit Type: Follow-up
Inspection Date(s): 3/2/10
Follow-up to Inspection Reports dated: 12/15/09 & 12/18/09
Report Issuance Date: 4/1/10

Dear Mr. Tzetzso:

Enclosed is a copy of the report resulting from a follow-up inspection of your facility conducted by staff from this office.

Your facility was found to have only findings as a result of this inspection and is in substantial compliance with Department regulations examined during this visit.

The findings identified are cited on the enclosed Statement of Isolated Deficiencies. Although the facility is not required to submit a Notice of Correction (NOC), the facility is expected to correct the findings cited in this report.

The Department of Health has established an Inspection Review Process (IRP). This process affords your facility an additional opportunity in a meeting to dispute the findings listed on the Statement of Isolated Deficiencies with the Regional Office. You must request this meeting by contacting the Regional Office, in writing, within ten (10) calendar days of the receipt of this report. We will notify you, in writing, of the date, time and location of the meeting, which will be scheduled within (30) calendar days of receipt of your request.

If you are requesting an IRP meeting, you do not have to post a copy of the inspection report until a final post-meeting determination has been issued by the Department. However, if an IRP meeting is not requested, a copy of the inspection report must be posted along with a copy of your most recent full inspection report in a conspicuous place in the facility so that it is accessible to all residents and

the general public. In addition, you must have a copy of the report available for review for individuals applying for admission to your facility. You are not required to post the findings. Do not post the Resident or Employee Rosters.

Please contact this office at (585) 238-8185 if you have any question about the inspection results.

Sincerely,



Norine K. Nickason, Director
Office of Adult Services
Western Regional Office

NKN:rcr

New York State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AF0606A	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/02/2010
NAME OF PROVIDER OR SUPPLIER FREDONIA PLACE		STREET ADDRESS, CITY, STATE, ZIP CODE 50 HOWARD STREET FREDONIA, NY 14063		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments NEW YORK STATE DEPT. OF HEALTH SUBSTANTIAL COMPLIANCE STATEMENT The facility was in substantial compliance with Department regulations examined during this inspection. No violations or findings were cited.	A 000		

Office of Health Systems Management / Office of Long Term Care

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

