

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/21/2025
NAME OF PROVIDER OR SUPPLIER Regeis Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3200 Baychester Avenue Bronx, NY 10475	
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)		
<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>44842</p> <p>Based on observations , record review, and interviews during the Recertification Survey conducted from 1/13/2025 to 1/21/2025, the facility did not ensure that the survey results were posted in a place readily accessible to residents, and family members and legal representatives of residents. This was evident for 11 (#10, #22, #31, #43, #44, #91, #97, #147, #148, #149, and #173) out of 16 residents attending the Resident Council meeting. Specifically, the survey results were kept in unlabeled plastic sleeve and was located across the Finance Department's office down the hall from the main entrance and not in plain view. Additionally, the survey results did not include complaint investigations made during the 3 preceding years.</p> <p>The findings are:</p> <p>During multiple observations conducted between 1/13/2025 at 1:00 PM and 1/16/2025 at 1:15 PM, the survey results were observed in a plastic sleeve hanging from a bulletin board, which was not in plain view, on the first floor across the Finance Department's office down the hall from the main facility entrance. The reports include survey results from a Complaint Survey dated 06/08/2022 and Recertification Survey dated 12/05/2022. The survey reports inside the plastic sleeve did not include all complaint investigations made during the 3 preceding years. The notices on the availability of the survey results were posted high near the ceilings, in bulletin boards across the elevators in resident units.</p> <p>A review of the minutes of the Resident Council Meetings dated 10/30/2024, 11/30/2024 and 12/12/2024 showed no documented evidence that the location or the postings of the survey results were discussed at the Resident Council Meetings.</p> <p>During the Resident Council Meeting on 1/14/2025 at 11:00 AM, Resident #s 10, 22, 31, 43, 44, 91, 97, 147, 148, 149, and 173 stated they were not aware of the location of the facility's posted survey results.</p> <p>On 1/16/2025 at 3:49 PM, the Director of Nursing was interviewed and stated the survey results were temporarily placed across the Finance Department office because of construction. The results were previously kept at the main entrance. The Director of Nursing stated the survey results did not include complaint survey results because they do not think the facility had complaint surveys in the last 3 years.</p> <p>(continued on next page)</p>		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335019
		If continuation sheet Page 1 of 9

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<p>F 0577</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>On 1/16/2025 at 4:08 PM, the Administrator was interviewed and stated the survey results are hanging in a temporary place because they are redoing the wallpaper. The Administrator stated the postings on where to find the survey results must be at eye level on the bulletin boards in residents' units. The Administrator stated there were no complaint surveys to include in the survey results.</p> <p>10 NYCRR 415.3 (d)(1)(v)</p>

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<p>F 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>40565</p> <p>Based on record review and interviews during the Recertification Survey conducted from 01/13/2025 to 01/21/2025, the facility did not ensure Minimum Data Set assessments were electronically transmitted to the Centers for Medicare and Medicaid Services Data System within 14 days after assessments were completed. This was evident in 3 (Residents #164, #152, and #64) of 18 residents reviewed for Resident Assessment. Specifically, Residents #164, #152, and #64's Minimum Data Set assessments were not transmitted within 14 days after the assessments were completed.</p> <p>The findings include but are not limited to:</p> <p>The facility's policy titled Minimum Data Set 3.0 Completion and Submission dated 09/12/2024 documented that the facility will complete and submit an accurate Minimum Data Set 3.0 assessment for each resident on the current Federal and State guidelines.</p> <p>The Quarterly Minimum Data Set Assessment for Resident #164 was completed on 11/16/2024 and was transmitted to the Centers for Medicare and Medicaid Services Data System on 01/15/2025.</p> <p>The Quarterly Minimum Data Set Assessment for Resident #152 was completed on 12/19/2024 and was transmitted to the Centers for Medicare and Medicaid Services Data System on 01/09/2025.</p> <p>The Quarterly Minimum Data Set Assessment for Resident #64 was completed on 12/19/2024 and was transmitted to the Centers for Medicare and Medicaid Services Data System on 01/09/2025.</p> <p>The Facility Minimum Data Set submission report printed 01/15/2025 documented that 17 resident assessments were submitted late, which was more than 14 days after the assessment.</p> <p>On 01/15/2025 at 01:01 PM, Minimum Data Set Assessors #1 and #2 were interviewed and stated that the Minimum Data Set Coordinator was not available when the Residents' Assessments were due for submission. They were unable to submit the completed assessment because they have no access to Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) System.</p> <p>On 01/16/2025 at 01:01 PM, the Minimum Data Set Coordinator was interviewed and stated they had been away from the facility for the past 2 weeks and could not effectively monitor the completion and transmittal of the Minimum Data Set assessments. The Coordinator stated that the Assessors were trained on how to submit the completed assessment, but they cannot explain why the assessments were submitted late.</p> <p>On 01/21/2025 at 12:24 PM. the Director of Nursing was interviewed and stated that the Minimum Data Set Coordinator is responsible to ensure that residents assessments are completed and submitted timely. The Director of Nursing stated they are not aware that residents' assessments were not submitted on time.</p> <p>10 NYCRR 415.11</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40565</p> <p>Based on observation, record review, and interviews during the Recertification Survey conducted from 01/13/2025 to 01/21/2025, the facility did not ensure that a comprehensive person-centered care plan was developed and implemented to address each residents' medical, physical, mental, and psychosocial needs. This was evident in 1 (Resident #146) of 1 resident reviewed for Antibiotic Use, out of 37 total sampled residents. Specifically, a care plan was not developed for Resident #146's diagnosis of Sinusitis and antibiotic use.</p> <p>The findings are:</p> <p>The facility's policy titled Comprehensive Care Plan with a revised date of 12/27/2024 documented that the residents of the facility will have an individualized Comprehensive Care Plan completed in accordance with Federal and State requirements. The Comprehensive Care Plan will include measurable objectives and timetables in order to meet the resident's medical, nursing, mental, and psychosocial needs which are identified from the comprehensive assessment (MDS 3.0) and application of the Care Area Assessment. Additional problems, strengths, or needs identified by members of the Comprehensive Care Plan Team will be included in the Comprehensive Care Plan as appropriate.</p> <p>On 01/13/2025 at 11:44 AM, Resident #146 was observed in bed and was interviewed. Resident #146 stated they had Pneumonia for the past week and had been taking antibiotic. Resident stated they had been in bed because of the flu. Resident #146 was observed with occasional non-productive cough during the interview.</p> <p>Resident #146 had diagnoses that included Anemia, Hypertension, Asthma/Chronic Obstructive Pulmonary Disease.</p> <p>The Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #146 had intact cognitive status and required substantial/maximal assistance for bed mobility, and dependent on staff for most activities of daily living.</p> <p>A Nurse Practitioner progress note dated 01/07/2025 documented Resident #146 was seen for chief complaint of cough and chest congestion. Resident was previously seen on 01/03/2025 for complaints of chest congestion, cough, and tested positive for Influenza A. A previous chest x-ray indicated no active disease. No treatment at this time, symptoms are more than 48 hours, will monitor for elevated temperature and changes in respiratory status; will offer increased fluids if tolerated. The Primary Medical Doctor was made aware.</p> <p>A medical progress note dated 01/08/2025 documented Influenza A positive, symptoms were greater than 48 hours, observe off antiviral, agreed to antibiotics for yellowish phlegm and malodor phlegm. On contact/droplet isolation, antibiotics for Sinusitis.</p> <p>A physician's order dated 01/08/2025 documented Amoxicillin and Clavulanate Potassium 875 mg - 125 mg tablet, 1 tablet by oral route every 12 hours for 10 days for Acute Sinusitis.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the electronic Medication Administration Record showed that Amoxicillin and Clavulanate Potassium 875 mg - 125 mg tablet (brand name: Augmentin) was administered to Resident #146 from 01/08/2025 - 01/14/2025. An entry dated 01/14/2025 at 6:00 AM documented that Amoxicillin and Clavulanate Potassium was not administered due to hospitalization .</p> <p>A review of Resident #146's Comprehensive Care Plan showed no documented evidence that a care plan with interventions to address the Resident's diagnosis of Acute Sinusitis and use of antibiotic was developed.</p> <p>On 01/21/2025 at 11:03 AM, Registered Nurse #1, who was Unit Manager, was interviewed and stated that Resident #146 tested positive of Flu on 01/07/2025 was started on Augmentin for Acute Sinusitis. Registered Nurse #1 stated they do not know why a care plan for Sinusitis and antibiotic use was not initiated for Resident #146.</p> <p>On 01/21/2025 at 11:45 AM, the Infection Control Prevention Registered Nurse was interviewed and stated that the Unit Mangers, Supervisors, or the Infection Control Registered Nurse are responsible for initiating a care plan for resident's use of antibiotic. They stated that Resident #146 tested positive for influenza and was ordered Augmentin for Sinusitis. The Infection Control Prevention Registered Nurse stated they must have forgotten to put in the care plan for Resident #146.</p> <p>On 01/21/2025 at 12:16 PM, the Director of Nursing was interviewed and stated that the nursing supervisor on duty is primarily responsible for initiating the episodic care plan. If the nursing supervisor missed it, the Unit Manager and the Infection Control Registered Nurse are supposed to check and capture it. The Director of Nursing stated the care plan is the blueprint of how to care for the resident and should have been in place.</p> <p>10 NYCRR 415.11(c)(1)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842</p> <p>Based on observation, record review, and interviews during the Recertification Survey conducted from 1/13/2025 to 1/21/2025, the facility did not ensure residents receive treatment and care in accordance with professional standards of practice, and comprehensive person-centered care plan. This was evident for 1 of 1 resident reviewed for Insulin (Resident #149), out of a sample of 37 residents investigated. Specifically, Resident #149 had a physician's order to notify the physician when Resident's finger stick blood sugar (method of drawing drops of blood from the finger for testing the blood glucose level) result is less than 200 milligrams per deciliter or more than 350 milligrams per deciliter. The licensed nurse failed to notify the physician when Resident #149's finger stick blood sugar was lower than 200 milligrams per deciliter on 7 occasions from 1/02/2025 through 1/13/2025 and higher than 350 milligrams per deciliter on 3 occasions from 12/02/2024 through 12/31/2024. In addition, Resident #149 was administered 6 units of Novolog insulin (a short acting insulin that lowers blood sugar) on 12/02/2024 and 12/10/24, and 8 units on 12/31/2024, when Resident #149's finger stick blood sugar results were above 350 milligrams per deciliter, without a physician's order.</p> <p>The findings are:</p> <p>The facility's policy titled Diabetes Management with a revised date of 6/18/2024 documented blood sugar level and frequency measured, per physician orders and facility protocol in place for physician notification with specific parameters.</p> <p>Resident #149 had diagnoses of Diabetes Mellitus, Peripheral Vascular Disease, and Cancer.</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #149 had intact cognition.</p> <p>A Comprehensive Care Plan for Diabetes was initiated on 7/20/2022. The facility interventions include to monitor blood glucose level and administer oral hypoglycemic/insulin injection as per physician's orders.</p> <p>A physician's order dated 9/26/2024 documented check finger stick at bedtime. Notify the physician if blood sugar results are below 200 milligrams per deciliter.</p> <p>A physician's order dated 11/29/2024 documented Novolog FlexPen 100 units per milliliter (3 milliliters) subcutaneous, inject subcutaneously two times per day when finger stick blood sugar readings are as follows: Between 120 and 200 give 2 units, between 200 and 279 give 4 units, between 271 and 350 give 6 units. Above 350, call the physician.</p> <p>A physician's order dated 12/21/2024 documented Novolog FlexPen 100 units per milliliter (3 milliliters) subcutaneous, inject subcutaneously two times per day when finger stick blood sugar readings are as follows: Between 120 and 200 give 2 units, between 200 and 279 give 4 units, between 271 and 350 give 8 units. Above 350, call the physician.</p> <p>The electronic Medication Administration Records for 12/2024 and 1/2025 documented the following finger stick blood sugar results:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 12/02/2024 at 4:30 PM, 530 milligrams per deciliter.</p> <p>On 12/10/2024 at 12:00 PM, 370 milligrams per deciliter.</p> <p>On 12/31/2024 at 4:30 PM, 355 milligrams per deciliter.</p> <p>On 1/02/2025 at 9:00 PM, 192 milligrams per deciliter.</p> <p>On 1/04/2025 at 9:00 PM, 179 milligrams per deciliter.</p> <p>On 1/06/2025 at 9:00 PM, 174 milligrams per deciliter.</p> <p>On 1/07/2025 at 9:00 PM, 116 milligrams per deciliter.</p> <p>On 1/09/2025 at 9:00 PM, 187 milligrams per deciliter.</p> <p>On 1/10/2025 at 9:00 PM, 153 milligrams per deciliter.</p> <p>On 1/13/2025 at 9:00 PM, 176 milligrams per deciliter.</p> <p>A further review of Resident #149's electronic Medication Administration Record showed that 6 units of Novolog insulin was administered at 4:30 PM on 12/02/2024 and 12:00 PM on 12/10/24, and 8 units were administered at 4:30 PM on 12/31/2024, when Resident #149's finger stick blood sugar results were above 350 milligrams per deciliter, without a physician's order.</p> <p>A review of the nurses' and medical progress notes from 12/02/2024 through 1/13/2025 showed no documentation that the physician was notified when Resident #149's finger stick blood sugar results were below 200 milligrams per deciliter and above 350 milligrams per deciliter.</p> <p>On 1/16/2025 at 3:20 PM, Licensed Practical Nurse #1 was interviewed and stated the range for Resident #149's high blood sugar is not specified on the physician orders. Licensed Practical Nurse #1 stated they call the doctor when the blood sugar is alarming and then document in the resident's medical record. Licensed Practical Nurse #1 further stated they should have called the physician when Resident #149's blood sugar was 530 milligrams per deciliter because it was out of range.</p> <p>On 1/16/2025 at 11:16 AM, the Medical Doctor was interviewed and stated the licensed nurse should have followed the physician's orders to notify them of finger stick blood sugar results below 200 and above 350 so further instructions can be given. The Medical Doctor further stated they would give orders for insulin for high blood sugar results and request nurse to check blood sugar again and call if blood sugar is still high.</p> <p>On 1/16/25 at 3:32 PM, the Director of Nursing was interviewed and stated Licensed Practical Nurse #1 should have followed the physician's orders to notify the physician when Resident #149's blood sugar was below 200 or above 350 milligrams per deciliter.</p> <p>10 NYCRR 415.12</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351</p> <p>Based on observation, record review, and interview during the Recertification Survey conducted from 1/13/2025 to 1/21/2025, the facility did not ensure that food served were at an appetizing temperature. This was evident in 1 (Resident #134) of 4 residents reviewed for Dining Observation out of 37 total sampled residents. Specifically, food served during lunch meal service was not maintained at palatable and appetizing temperatures.</p> <p>The findings are:</p> <p>The facility's policy titled Meal Service with a reviewed date of 10/2023 documented that the facility will assure adequate and appropriate meal service to all residents.</p> <p>The facility's policy titled Food Preparation and Appropriate Temperature with a revised date of 9/26/2024 documented that hot foods will be held at 135 degree Fahrenheit or higher.</p> <p>Resident #134 was admitted to the facility with diagnoses of Diabetes Mellitus, Hyperlipidemia and Hypertension.</p> <p>The Minimum Data Set assessment dated [DATE] documented that Resident #134 had intact cognition and required substantial assistance with eating.</p> <p>On 1/13/2025 at 12:25 PM, Resident #134 stated their food was cold by the time their tray reach their room.</p> <p>On 1/16/2025 at 12:40 PM, the food carts arrived in the dining room. From 12:45 PM to 1:11 PM, the nursing staff prepared and distributed the trays to residents in the dining room and delivered trays to residents in their room.</p> <p>On 1/16/2025 at 1:11 PM, test trays were conducted on Unit 5. The food temperatures were as follows: baked potato 138.2 degrees Fahrenheit, [NAME] chicken 106.6 degrees Fahrenheit, broccoli 105 degrees Fahrenheit, summer squash soup 134 degrees Fahrenheit, mashed potato 131 degrees Fahrenheit, pureed broccoli 133 degrees Fahrenheit, pureed chicken 132 degrees Fahrenheit, pureed soup 134 degrees Fahrenheit, and coffee 155 degrees Fahrenheit.</p> <p>On 1/21/2025 11:29 AM, Registered Nurse #1, who was the Unit Manager stated early trays are delivered to the unit around 12:30 PM and followed by rest of the trays in the food truck. The nursing staff will distribute trays to the residents in the dining room first and then to the rooms. Meal distribution is completed within 15 minutes after the truck arrives to the unit.</p> <p>On 1/17/2025 at 11:22 AM, the Food Service Director was interviewed and stated that hot foods are held above 140 degrees Fahrenheit or higher on the steam table and should be served above 135 degrees Fahrenheit for hot foods to be palatable. The Food Service Director stated food temperature issue had been brought up in the past and the team initiated a plan to change the meal service process. This change was only implemented in the Rehab Unit and is currently on pause due to some equipment/staffing issues.</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/21/2025 at 11:50 AM, the Director of Nursing stated the food temperature issue was already identified some time last year and they initiated a plan to improve the dining experience including food temperature. They stated the plan was only implemented on Unit 6 because there were some challenges during implementation process.</p> <p>10 NYCRR 415.14</p>		