

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER Beach Terrace Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 640 West Broadway Long Beach, NY 11561	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews, the facility did not ensure it maintained a comfortable and homelike environment with comfortable temperatures between 71 degrees Fahrenheit and 81 degrees Fahrenheit in the resident rooms and areas. This was identified for 18 (Room G28, 124, 125, 127, 128, 133, 136, 201, 216, 219, 222, 225, 226, 228, 230, 232, 233, and 236) of the 83 resident rooms during the Environment Task. Specifically, 18 resident rooms and the first-floor shower room ambient temperature was measured to be below 71 degrees Fahrenheit. Multiple residents complained of being uncomfortable due to the cold room temperature. The finding is: The facility's policy titled Safe and Homelike Environment dated 12/2025 documented comfortable and safe temperature levels mean that the ambient temperature should be in a relatively narrow range that minimizes residents' susceptibility to loss of body heat and risk of hypothermia/hyperthermia and is comfortable for the residents. The facility will maintain comfortable and safe temperatures levels. The facility should strive to keep the temperature in common resident areas between 71 and 81 degrees Fahrenheit. During observation of room [ROOM NUMBER] in Unit 1 [NAME] on 01/21/2026 at 11:20 AM, Resident #57 was observed in a Geri chair without a blanket. Resident #57 yelled out that the room was freezing. The room felt cold. Resident #68 was freely ambulating; they were wearing a heavy sweater and scarf and said the room was cold. During an interview on 01/21/2026 at 11:25 AM, Licensed Practical Nurse #1 entered room [ROOM NUMBER] and said the room was a little bit chilly. Licensed Practical Nurse #1 did not offer Resident #57 a blanket. During an observation on 01/21/2026 at 11:43 AM, Maintenance Director #1 measured the temperature in room [ROOM NUMBER] with their infrared laser thermometer, and the temperature was measured to be 62 degrees Fahrenheit. Maintenance Director #1 checked the windows and said they were closed. Maintenance Director #1 stated the heater was working but it may be dirty or not working properly. During an interview on 01/21/2026 at 12:00 PM, Maintenance Director #1 stated the bottom of the heater in room [ROOM NUMBER] was covered with dirt and debris from a recent renovation which was not allowing proper airflow, and the heater needed to be cleaned. During an observation on 01/21/2026 at 12:05 PM, Maintenance Director #1 measured the temperature in room [ROOM NUMBER] (Unit 1 West), which felt cool and was found to be 66 degrees Fahrenheit. Maintenance Director #1 stated the heater was probably dirty. During observations 01/22/2026 between 10:45 AM - 04:00 PM, room temperatures were measured throughout the facility using an infrared thermometer in the presence of Maintenance Director #1. The following temperature readings were obtained: -On the ground floor, room G28- 66 degrees Fahrenheit. - On unit 1 West: room [ROOM NUMBER] -68 degrees Fahrenheit; room [ROOM NUMBER]-66 degrees Fahrenheit, room [ROOM NUMBER] -69.9 degrees Fahrenheit; room [ROOM NUMBER] and room [ROOM NUMBER]-69 degrees Fahrenheit.-The first-floor shower room-65 degrees Fahrenheit. -On Unit 2 East, the corridor-66 degrees Fahrenheit. -room [ROOM NUMBER]-68 degrees Fahrenheit; room [ROOM NUMBER]-63 degrees Fahrenheit and room [ROOM NUMBER]-64 degrees Fahrenheit. -On Unit 2 West, room [ROOM NUMBER]-68 degrees Fahrenheit; room [ROOM NUMBER]-67 degrees Fahrenheit; room [ROOM NUMBER]-69 degrees Fahrenheit; room [ROOM NUMBER]-67 degrees Fahrenheit. (continued on next page)		

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: 335024	If continuation sheet Page 1 of 9
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	request was made to adjust the windows.-The Unit 2 [NAME] maintenance book documented on 12/10/2025 the resident in room [ROOM NUMBER] complained that the room was cold. On 01/20/2026 and 01/21/2026 the Dining room was cold.-The written response to each documented entry was done. During a concurrent interview with Maintenance Director #1 and the Administrator on 01/28/2026 at 2:00 PM, Maintenance Director #1 stated they did not know there was a problem with the heating system. Maintenance Director #1 stated as of 01/21/2026 they ordered 12 space heaters for the areas that were not meeting the ambient temperature requirements. Maintenance Director #1 stated they are in the process of checking each radiator to determine if radiators need to be replaced. Maintenance Director #1 stated they reviewed the unit maintenance books twice a day, and all the cold weather complaints in the maintenance books were because the windows were left open. 10 NYCRR 415.5(h)(4)		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility did not maintain the heating system in proper working conditions to provide a healthy, functional, and comfortable environment for residents, personnel, and the public. This was identified for 19 (Room G28, 120, 124, 125, 133, 134, 136, 201, 216, 219, 222, 225, 226, 228, 230, 232, 233, and 236) of the 83 resident rooms during the Environment Task. Specifically, the heating system in multiple resident rooms did not function as intended to provide comfortable and safe environmental temperatures. Cross Reference-F584: Safe/Clean/Comfortable/Homelike Environment. The findings are: The facility's policy titled Building Management System Failure dated 05/2024, documented that problems with the Utilities Management system are typically indicated by: Comparing trend data of work requisitions; Alarms on major utility system components to provide immediate notification of problems on high priority systems; engineering incident reports; complaint calls; and unscheduled repairs. The collection of information from any of the assessment sources noted above initiates an investigation process. This process involves assessing the problem, providing back-up resources, if needed, troubleshooting to determine problem, planning for corrections and performing the actual repair. The repairs, the information and the solutions are recorded, and the system is trended and monitored to assess integrity of repair. During an interview on 01/22/2026, at approximately 10:00 AM, the Maintenance Director #1 stated that they check the heating system before the cold season starts and make sure that it is working properly. The heat in residents' rooms is provided by the coil heating units and the temperature in residents' rooms is checked twice per day. Maintenance Director #1 stated that there are maintenance logbooks in each nursing unit, for the staff to report any maintenance issues. Maintenance Director #1 stated they have not received any complaints about cold rooms or cold temperatures. Maintenance Director #1 stated that there are two boilers that provide heat and hot water and there are panels in the boiler room that monitor the temperatures in the residents' rooms. Maintenance Director #1 stated they monitor the temperatures by checking those panels. The Maintenance Director #1 showed a picture on their phone that revealed a thick layer of dirt and dust covering the bottom of a radiator and stated that the debris was preventing the radiator airflow causing the heat issue. During observations 01/22/2026 between 10:45 AM - 01:00 PM, room temperatures were measured throughout the facility using an infrared thermometer in the presence of Maintenance Director #1. The following temperature readings were obtained: -On the ground floor, room G28- 66 degrees Fahrenheit. - On unit 1 West: room [ROOM NUMBER] -68 degrees Fahrenheit; room [ROOM NUMBER]-66 degrees Fahrenheit, room [ROOM NUMBER] -69.9 degrees Fahrenheit; room [ROOM NUMBER] and room [ROOM NUMBER]-69 degrees Fahrenheit. -The first-floor shower room-65 degrees Fahrenheit. -On Unit 2 East, the corridor-66 degrees Fahrenheit. -room [ROOM NUMBER]-68 degrees Fahrenheit; room [ROOM NUMBER]-63 degrees Fahrenheit and room [ROOM NUMBER]-64 degrees Fahrenheit. -On Unit 2 West, room [ROOM NUMBER]-68 degrees Fahrenheit; room [ROOM NUMBER]-67 degrees Fahrenheit; room [ROOM NUMBER]-69 degrees Fahrenheit; room [ROOM NUMBER]-67 degrees Fahrenheit; room [ROOM NUMBER]-69 degrees Fahrenheit, room [ROOM NUMBER]-66 degrees Fahrenheit; room [ROOM NUMBER]-65 degrees Fahrenheit; and room [ROOM NUMBER]-67 degrees Fahrenheit. The corridor temperature outside room [ROOM NUMBER] was 67 degrees Fahrenheit. During an interview on 01/22/2026, at approximately 12:30 PM, Maintenance Director #1 stated that the heat radiator's bottom was dusty, and the thick layer of the dust was blocking and preventing the heat from circulating in the whole radiator. Maintenance Director #1 stated they started cleaning the radiator units yesterday (1/21/2026) and will be finished by the end of the day. Maintenance Director #1 stated that the rooms were renovated two months ago, and the construction crew cleaned the top of the unit, but not the bottom. Maintenance Director #1 stated before the start of winter, they checked all the radiators to make sure they were operational (continued on next page)		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	for the winter season. There were no issues with the radiators up until now when the surveyor alerted them of the heat issue on 1/21/2026. During a subsequent observation on 01/23/2026, between 10:00 AM -11:45 AM, the following room temperatures were recorded in the presence of Maintenance Director #1: room [ROOM NUMBER]: 69 degrees Fahrenheit. The maintenance staff members were observed filling air gaps inside the unit. The radiator was encased by a metal enclosure that was observed to be heavily rusted. room [ROOM NUMBER]: 67 degrees Fahrenheit. room [ROOM NUMBER]: 69 degrees Fahrenheit. Maintenance Director #1 stated that this unit was not yet cleaned. room [ROOM NUMBER]: 66 degrees Fahrenheit. Maintenance Director #1 checked the heater in room [ROOM NUMBER] and stated the bleeder valve (a valve that ensures proper hot water circulation) needed to be replaced, which affected the heat in the room. room [ROOM NUMBER]: 67 degrees Fahrenheit. During an interview on 01/23/2026, at approximately 12:00 PM, with the Administrator and Maintenance Director #1. Maintenance Director #1 stated that there is a preventive maintenance system in place before the heat system is turned on, they check when the season starts, so far heating units in 96 resident rooms have been cleaned. Maintenance Director #1 stated they monitor room temperatures in random rooms but do not document daily temperatures. Maintenance Director #1 stated the maintenance workers randomly check temperatures every day and report any negative findings of less than 71 degrees to them. Maintenance Director #1 stated they were not notified of any resident room temperatures below 71 degrees. Maintenance Director #1 stated they routinely check the boilers, pumps, and the radiators. The radiators were generating heat. Maintenance Director #1 stated they do not remove the heater enclosures and did not know that the heaters were dirty, until the heat issue was identified on 01/21/2026. Maintenance Director #1 stated they do not have a preventative maintenance check list and only relied on residents and staff complaints regarding the heat issues. Maintenance Director #1 stated the construction that was done in every room two months ago created a lot of debris. Maintenance Director #1 stated they did not notice the layer of dust and dirt on the bottom of the heaters. Maintenance Director #1 stated the construction crew cleaned the top of the heaters but did not clean underneath the heaters. Maintenance Director #1 stated there is a maintenance logbook on every nursing unit, and there were no reports of heating problems. The administrator stated they will implement an action plan to conduct temperature checks in every room every two hours and maintain a log. On 01/23/2026, at approximately 1:19 PM, record review of the maintenance logs located at each nurse unit revealed the following notes: - The ground floor maintenance book documented on 01/18/2026 there was cold air coming from the exit door by the shower room. On 01/20/2026 the wall heater in room [ROOM NUMBER] was not working and was blowing cold air. -The Unit 1 East maintenance book documented on 12/10/2025 room [ROOM NUMBER] was extremely cold and a request was made to please check the windows. -The Unit 1 [NAME] maintenance book documented on 12/26/2025 there was no heat in the 1 [NAME] Dining Room. On 12/28/2025 room [ROOM NUMBER] was noted to be extremely cold and there was a request to check the windows. - The Unit 2 East maintenance book documented on 11/07/2025 room [ROOM NUMBER] was very cold and a request was made to adjust the windows. -The Unit 2 [NAME] maintenance book documented on 12/10/2025 the resident in room [ROOM NUMBER] complained that the room was cold. On 01/20/2026 and 01/21/2026 the Dining room was cold. -The written response to each documented entry was done. On 01/23/2026, at approximately 1:30 PM, Maintenance Director #1 stated that these notes in the maintenance logs were because the windows were open, and that all the requests listed in the maintenance books were completed. During a subsequent observation on 01/27/2026, at approximately 9:50 AM the following air room temperatures were recorded: room [ROOM NUMBER] - 67 degrees Fahrenheit. room [ROOM NUMBER] - 69 degrees Fahrenheit. Room G28 - 66 degrees Fahrenheit. During a subsequent observation on 01/28/2026, at approximately 12:23 PM the following air room temperatures were recorded: room [ROOM NUMBER] - 65 degrees Fahrenheit. It was noted that the heating unit was off. room [ROOM NUMBER] - 69 degrees Fahrenheit. During a concurrent interview with the Administrator and Maintenance Director #1, on 01/29/2026, at 2:06 PM, (continued on next page)		

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	the Maintenance Director #1 stated that they should have been aware that the bottom of the radiators was dirty. Maintenance Director #1 stated before winter sets they go through a set of steps such as turn on the pumps and ensure that all zone valves are activated; however, there is not a written checklist for them to document the maintenance checks, they just do it based on their knowledge. Maintenance Director #1 stated the heating system has issues in addition to the layer of the dust at the bottom of the units, and mechanical upgrades are needed such as replacement of some radiator valves. They called the heating company on the morning of 01/29/2026 to determine if the radiators need replacement. Maintenance Director #1 stated they have also ordered 12 wall mounted heaters for the areas that do not meet the heating requirements. 10 NYCRR:415.29 (h)(1)		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility did not ensure the Minimum Data Set assessment was completed to accurately reflect each resident's current status. This was identified for one (1) (Resident #72) of two (2) residents reviewed for Dialysis. Specifically, 1) Resident #72 receives dialysis three times a week which was not identified in the Minimum Data Set assessment dated [DATE]. The finding is: The undated facility policy titled, MDS (Minimum Data Set) 3.0 documented that every department will be responsible for accurate completion of the assigned Minimum Data Set sections. Resident #72 has diagnoses that include end stage renal disease (when chronic kidney disease - the gradual loss of kidney function - reaches an advanced state when your kidneys no longer work as they should to meet your body's needs) and Parkinson's disease (a movement disorder of the nervous system that worsens over time). The Minimum Data Set assessment dated [DATE] documented the resident had a Brief Interview for Mental Status score of 3, which indicated the resident had severely impaired cognitive skills for daily decision making. The Minimum Data Set assessment documented the resident did not receive dialysis on admission, while a resident, or at discharge. The physician's order dated 12/09/2025 and last renewed on 01/20/2026 documented for the resident to receive hemodialysis three times a week on Monday, Wednesday, and Friday at 10:00 AM at an outpatient dialysis facility. During an interview on 01/28/2026 at 10:58 AM, Registered Nurse Minimum Data Set Assessor #1 (who completed section O in the Minimum Data Set assessment dated [DATE]) stated they overlooked documenting that the resident received dialysis while a resident at the facility. During an interview on 01/28/2026 at 12:20 PM, Registered Nurse Minimum Data Set Coordinator #1 (who signed for completion of the Minimum Data Set assessment dated [DATE]) stated Registered Nurse Minimum Data Set Assessor #1 should have documented the resident was receiving dialysis in the Minimum Data Set assessment. Registered Nurse Minimum Data Set Coordinator #1 stated they reviewed the assessment for accuracy before signing off on it but missed that Registered Nurse Minimum Data Set Assessor #1 did not document the resident was receiving dialysis while a resident at the facility. During an interview on 01/28/2026 at 2:00 PM, the Director of Nursing Services stated that since there are physician's orders for the resident to receive dialysis, Registered Nurse Minimum Data Set Assessor #1 should have captured that information when they completed Section O in the Minimum Data Set assessment. The Director of Nursing Services stated that each discipline should complete their section of the Minimum Data Set assessment accurately. 10 NYCRR 415.11(b)		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Based on observation, record review, and interviews, the facility did not ensure that each resident who needs respiratory care is provided with such care consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. This was identified as one (1) (Resident #63) of four (4) residents reviewed for Oxygen administration. Specifically, Resident #63 had a physician order to receive supplemental oxygen therapy via a nasal cannula. During an observation on 01/21/2026, the resident was not utilizing the supplemental oxygen therapy and the oxygen tubing, and an oxygen mask was laying on top of an oxygen concentrator (a machine that delivers purified oxygen) adjacent to Resident #63's bed (not in use). There was no nasal cannula present at the resident's bedside. The inside of the mask was dirty, and the oxygen tubing had brown colored debris inside the tubing. There was no date label on the oxygen tubing indicating when the tubing was placed. The finding is: The facility's policy titled Care of Respirators/Oxygen Equipment, dated 04/2014, documented equipment used to administer oxygen will be maintained in a manner that reduces risk of infection. The equipment includes, but not limited to, oxygen tubing, oxygen mask, nasal cannula, humidifying bottle, and nebulizer. This equipment will be changed weekly and more often if indicated. Change all disposable equipment weekly on specified days including tubing, mask or cannula. Resident #63 was admitted with diagnoses including non-Alzheimer's dementia, seizure disorder, and traumatic brain injury. The 12/05/2025 Quarterly Minimum Data Set assessment documented a Brief Interview for Mental Status score of 2, indicating the resident had severe cognitive impairment. The resident received oxygen therapy while a resident. A physician's order dated 01/09/2026 documented oxygen at 3 liters per minute via nasal cannula every shift as needed for seizures and shortness of breath. During an observation with Licensed Practical Nurse #1, on 01/21/2026 at 11:10 AM, Resident #63 was asleep in bed. Next to the bed was an oxygen concentrator (not operating) with the oxygen tubing and an oxygen mask lying on top of the concentrator. The oxygen tubing was not dated. Inside the tubing, where the tube connected to the mask, was brown colored debris. The mask was visibly dirty with a blackish brown substance on the inside of the mask. Licensed Practical Nurse #1 observed the mask and stated the tubing and the mask were dirty. Licensed Practical Nurse #1 stated the tubing should be labelled with a date and removed the tubing and the mask from the bedside. During an interview on 01/27/2026 at 10:35 AM, Registered Nurse Infection Preventionist #1 stated the oxygen tubing and mask should be dated and changed every seven days or as needed because the dirty tubing and mask increases the potential for infection. During an interview on 01/27/2026 at 11:20 AM, the Director of Nursing Services stated the oxygen tubing should be labelled and changed once a week on the 3:00 PM-11:00 PM shift. 10 NYCRR 415.12(K) (6)		

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For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0838 Level of Harm - Potential for minimal harm Residents Affected - Some	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews, the facility did not ensure that its Facility Assessment considered specific staffing needs for each resident unit and each shift, such as day, evening, night, in the facility and adjusted as necessary based on changes to its resident population. This was identified during the Sufficient and Competent Staffing task. Specifically, the Facility assessment dated [DATE] did not document the number of nursing personnel needed to meet resident needs for each unit for each shift. The finding is: The facility policy titled Annual Facility assessment dated 01/2024 documented it is the policy of the facility to conduct and document a facility-wide assessment to determine the resources necessary to care for our residents competently during both day-to-day operations and emergencies to ensure that quality care and quality of life are maintained. The facility assessment must address or include the facility's resident population and the facility's resources. The Administrator, Medical Director, Director of Nursing will assist in completing the facility assessment relative to each department's personnel, services, and equipment. Based on the outcome of the facility assessment, each discipline will evaluate staff hiring, education, and training practices, and service and equipment needs to ensure that the resources necessary to meet the needs of the community are available and utilized appropriately. The results of the facility assessment will be reviewed by the Quality Assurance Performance Improvement Committee as needed. The Facility assessment dated [DATE] documented the facility assessment indicated the Director of Nursing Services and the Administrator are involved in the development and revision of the Facility Assessment. The facility census averaged between 170-182 residents. The facility needed a total of 19 licensed nurses per day providing direct care, 42 nurse aides per day, and six (6) administrative nursing personnel per day. The facility also utilizes 14 behavioral assistants per day. The facility has five (5) units including the ground floor, 1 East, 1 West, 2 East, and 2 West. The Facility Assessment did not document the number of nursing staff needed for each unit and each shift or the bed capacity per unit. During an interview on 01/28/2026 at 11:53 AM, the Staffing Coordinator stated they have memorized the staffing levels for each unit and each shift. The Staffing Coordinator stated the staffing levels have been in place for as long as they have been the staffing coordinator. The Staffing Coordinator stated they were not familiar with the Facility Assessment, they did not know where the staffing levels came from, and if there was documentation to reference the required staffing levels. During an interview on 01/28/2026 at 12:05 PM, the Director of Nursing Services stated they were not familiar with the requirement to document nursing staffing per unit and per shift in the Facility Assessment. The Director of Nursing Services stated the staffing levels for each unit and each shift are just known from experience. They did not know where the staffing levels for each unit and each shift were documented. During an interview on 01/28/2026 at 12:40 PM, the Administrator stated they were not aware that the staffing levels for each unit and each shift had to be incorporated in the Facility Assessment. The Administrator stated they were not sure where the staffing levels for each unit and each shift were documented. 10 NYCRR 415.26		