STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335050	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mary Manning Walsh Nursing Home CO Inc	1339 York Avenue New York, NY 10021

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, record review, and interviews, the facility failed to provide necessary services to maintain good grooming and personal hygiene to a resident who is unable to carry out activities of daily living. This was evident for one (1) (Resident #280) of three (3) residents reviewed for Choices out of 33 total sampled residents. Specifically, Resident #280 was not provided showers as stated in the care plan. The findings include:The facility's policy titled Activities of Daily Living Support with a last reviewed date of 03/2025 documented that residents will be provided with care, treatment, and services as appropriate to maintain or improve their ability to carry out activities of daily living. Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. The policy's interpretation and implementation documented that appropriate care, and services will be provided for residents who are unable to carry out activities of daily living independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene. Resident #280 had diagnoses that included Arthritis and Non-Alzheimer's Dementia. The Quarterly Minimum Data Set (a resident assessment tool) dated 07/09/2025 documented Resident #280's cognition as severely impaired, no behaviors, had impairment on both sides of lower extremities, and required maximal assistance with feeding and showers, and was dependent on staff for transfers and toilet use.On 09/03/2025 at 11:00 AM, Resident #280 was observed in their room, in a recliner, with their family representative at the bedside. The resident's representative stated they visit every day, and the last time Resident #280 received a shower was on 06/29/2025. They stated they asked for Resident #280 to get a least one shower a week, but this has not been happening. The representative stated Resident#280 had been scratching their hair and have fungus on their toes because they were not getting showers.09/05/2025 at 11:30 AM, Resident #280 was observed in their room, in a recliner, with their representative at the bedside. The representative stated that Resident #280's assigned Certified Nursing Assistant stated that Resident #280 will receive a shower next Friday. The representative stated they were happy that shower was offered for the resident. A comprehensive care plan for activities of daily living was initiated on 11/25/2022. The care plan documented Resident #280 required assistance with activities of daily living function related to dementia. The facility interventions included providing showers weekly or as scheduled. A review of the 3rd Floor shower schedule revealed that showers were scheduled based on each resident's room assignment. Resident #280's shower days were Mondays on day shift and Wednesdays on the evening shift. The Certified Nursing Assistant Daily Documentation from 06/01/2025 through 09/04/2025 showed that Resident #280 received shower once during this time period (06/08/2025). On other occasions, the resident received a full or partial bed bath. There was no documentation that Resident #280 had been offered and/or refused showers.A review of Resident #280's progress notes from 06/01/2025 through 09/05/2025 contained no documented evidence that Resident #280 had been offered and/or refused showers. There was no documentation of any medical condition or clinical justification for not giving showers and limiting Resident #280 to bed baths. A nurse's progress notes dated 09/05/2025 at 2:00 PM documented that the assigned certified nursing assistant reported that Resident #280's representative requested for the resident to receive shower tomorrow as they forgot (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

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to bring shampoo and body wash. On 09/05/2025 at 12:33 PM, Certified Nursing Assistant #3 was interviewed. They stated that they have been assigned to Resident #280 for the past week. According to the Certified Nursing Assistant, Resident #280 is totally dependent on staff for activities of daily living, including showering. They stated that Resident #280's shower schedule is every Friday during the 7:00 AM - 3:00 PM shift. However, Certified Nursing Assistant #3 stated they did not provide a shower to the resident today, which was a Friday, stating they were unsure if the Certified Nursing Assistant from the previous day had already done so. Certified Nursing Assistant #3 stated they told the resident's representative they would shower Resident #280 next time. On 09/05/2025 at 1:00 PM, Certified Nursing Assistant #1 was interviewed and stated they have been assigned to Resident #280 on different occasions. They stated that Resident #280 required total care. The Certified Nursing Assistant stated they gave Resident #280 a bed bath on the days that they do not receive shower. On 09/05/2025 at 3:44 PM, Certified Nursing Assistant #2 was interviewed and stated they were previously assigned to Resident #280. According to Certified Nursing Assistant #2, Resident #280 is totally dependent on staff for showers and requires a Hoyer lift with the assistance of 2 staff for transfers. Certified Nursing Assistant #2 stated that Resident #280 was once showered in a regular shower chair and that the resident would slide down. They stated the resident needs a reclining shower chair so resident would not slide during shower but there was none available in the unit. The Certified Nursing Assistant stated the lack of reclining chair is the reason showers could not be provided for Resident #280, and they added that the nursing supervisor was aware of the issue. On 09/05/2025 at 3:53 PM, Registered Nurse #1 was interviewed and stated they have been the unit nurse manager since 08/04/2025 and was not aware if Resident #280 refused showers, and do not recall if Resident #280's representative requested a shower. They stated that staff would notify the supervisor of any missing equipment, but they were not aware that there was no shower chair. On 09/09/2025 at 12:01 PM, Social Worker #1 was interviewed and stated they recall once during a care plan meeting that the representative requested a shower for Resident #280, but they do not know if shower was given. On 09/09/2025 at 3:22 PM, the Chief Clinical Officer was interviewed and stated they were not aware that showers were not being given to residents, and that this issue was not raised during staff town hall meetings. The Chief Clinical Officer stated there were no grievances related to lack of showers for residents or the unavailability of reclining shower chairs. On 09/09/2025 at 3:31 PM, the Administrator was interviewed and stated that there were no grievances related to Resident #280 not receiving showers. The Administrator stated the staff had not stated there was a need for a reclining shower chair. 10 NYCRR 415.12(a)(3)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. Based on observation, record review, and interviews, the facility failed to ensure each resident received food that accommodated their preferences. This was evident for one (1) (Resident #404) of three (3) residents reviewed for Choices out of 35 total sampled residents. Specifically, Resident #404, who's meal preferences include salad for lunch and dinner, are often not being met. The findings include:The facility policy titled Meal/Tray Assembly Procedures with a last revised date of 01/2025 documented that meal service is prompt and accurate to ensure temperatures and nutrient content of food is preserved. The procedure included to check meals for accuracy.Resident #404 had diagnoses of Diabetes Mellitus and Hypertensive Heart Disease.A dietary progress notes dated 08/06/2025 at 1:46 PM documented that Resident #404 preferred vegetables.The dietary order dated 08/31/2025 documented that Resident #404 requested additional salad for lunch and supper. A comprehensive care plan for nutrition concerns was initiated for Resident #404 on 08/08/2025. The care plan interventions included to provide food preferences such as side salad for lunch and dinner. A Care plan meeting note dated 08/22/2025 documented that Resident #404 follows a diabetic and thin liquids diet. It also documented that the resident requested bananas and a salad. During observation on 09/03/2025 at 12:30 PM, Resident #404's lunch tray was observed with fish, carrots, potatoes, soup, tea, and gelatin. There was no salad on the lunch tray. The meal ticket for Resident #404 documented: Lunch: Consistent Carbohydrate Diet, no added Salt, Milk 4 ounces, Salad Tossed 1/2 cup, 4 ounces cup of strawberry gelation, 6 ounces of minestrone soup, 4 ounces of baked fish, 4 ounces of lyonnaise potatoes, 4 ounces of baby carrots and 6 ounces of hot tea. On 09/03/2025 at 12:30 PM, Resident #404 was interviewed and stated they were supposed to get a salad for lunch today but did not receive it. Resident #404 stated that there are items missing from their tray often, while at other times they receive the wrong items. Resident #404 stated they informed the staff who called the kitchen and was told there was no more salad. Resident #404 further stated that this is the third time within the last 2 weeks that they have missed salad for lunch.On 09/05/2025 at 11:38 AM, Registered Nurse #2 was interviewed and stated that at times residents complain of missing items on their meal tray; when alerted, staff contacts the kitchen to deliver the missing food items. Registered Nurse #2 stated that Resident #404 was missing a salad in their lunch tray. They stated they called the kitchen and was told there was no salad left. They stated they offered Resident #404 fruit salad which the resident declined. Registered Nurse #2 further stated that it is important for residents to receive what they requested because it is necessary for their nourishment. Registered Nurse #2 further stated that when residents do not receive what they requested, they can get depressed, dehydrated and not eat altogether.On 09/05/2025 at 11:22 AM, Dietician #1 was interviewed and stated they evaluated Resident #404 on 08/22/2025, and the resident stated they wanted a banana and a salad for lunch and dinner. On 09/04/2025 at 2:08 PM, the Operations Manager was interviewed and stated they are responsible for assigning employees for breakfast and lunch. They stated there is a checker responsible for ensuring that meals are accurately assembled by comparing meal tickets against the lunch tray. The Operation Manager further stated that while there are occasional concerns of missing salt or sugar on the lunch tray, there have not been any complaints of other food items missing from the residents' trays.On 09/04/2025 at 2:13 PM, the Director of Food Service was interviewed and stated that they oversee residents' lunch along with the Assistant Director of Food Service. They stated that salad is not on the menu but is offered by the dietitian to the residents. They stated that salad is delivered later than the residents' meal trays because it is not yet ready by the time the residents' meal tray goes up to the units, but the goal is to have all food items listed on the ticket delivered together. The Director stated that residents' food preferences must be accommodated since the facility is their home.10 NYCRR 415.14(d)(4)