STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335053	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elcor Nursing and Rehabilitation Center	48 Colonial Drive Horseheads, NY 14845

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, interviews, and record review, the facility failed to ensure a sanitary, orderly, and comfortable environment for residents for three (3) of eight (8) resident units reviewed (Colonial Ridge South, Colonial Ridge North, and Maple Creek Meadows). Specifically, resident rooms and Resident #247's shared bathroom were observed in unsanitary condition, and Resident #48 who resided in a shared room did not have a privacy curtain in place to support a homelike and dignified environment.Issue One (1):The facility policy Daily Patient Room Cleaning and Common Areas revised 11/20/2018 documented bathroom toilets are cleaned inside and out with toilet cleaner, sanitizer is used on all horizontal surfaces, vertical surfaces are to be spot cleaned, and damp mop solution is used to mop the bathroom.Resident #247 resided in a shared room with access to a shared bathroom. The Minimum Data Set (a resident assessment tool) dated 04/01/2026 documented Resident #247 was cognitively intact.During an observation on 04/15/2026 at 11:18 AM, resident room [ROOM NUMBER] (Colonial Ridge South) had floors that were sticky and malodorous.During an observation on 04/15/2026 at 11:24 AM, resident rooms [ROOM NUMBERS] (Colonial Ridge South) had floors that were sticky and malodorous.During an observation on 04/16/2026 at 9:17 AM, Resident #247's shared bathroom (room [ROOM NUMBER] - Maple Creek Meadows) had brown liquid in the toilet bowl and a large quantity of clear malodorous liquid around the toilet on the floor.During an observation on 04/16/2026 at 4:40 PM, Resident #247's shared bathroom had yellow liquid and paper in the toilet bowl, yellow straw-colored liquid on the toilet seat, and a large quantity of clear malodorous liquid around the toilet on the floor.During an observation and interview on 04/20/2026 at 10:31 AM, Resident #247's shared bathroom had a strong smell of urine, and Resident #247 stated the bathroom is frequently in an unsanitary condition.During an interview on 04/21/2026 at 10:54 AM, Housekeeper #1 stated bathrooms are cleaned and sanitized once daily by Housekeeping staff, bodily fluids such as urine are to be cleaned by nursing staff, and Housekeeping staff disinfects the area after notification.During an interview on 04/21/2026 at 11:06 AM, the Housekeeping Supervisor stated resident rooms are cleaned and sanitized at least once daily, nursing staff are expected to clean larger volumes of bodily fluids, and Housekeeping staff disinfects the area after notification.During an interview on 04/21/2026 at 11:18 AM, Certified Nursing Assistant #12 stated nursing staff clean shared bathrooms daily and would clean any bathroom observed with urine, liquid around the toilet, or odor.During an interview on 04/21/2026 at 11:34 AM, Licensed Practical Nurse #10 stated nursing staff are expected to clean unsanitary bathrooms and notify Housekeeping staff.During an interview on 04/21/2026 at 11:49 AM, Licensed Practical Nurse Manager #2 stated shared bathrooms should be maintained in a sanitary condition and nursing staff are expected to clean and notify Housekeeping staff.Issue Two (2):The facility policy Resident Rights revised 02/05/2026 documented residents have the right to privacy, including maintaining private space through the use of privacy curtains in shared rooms.Resident #48 had diagnoses including dementia (a progressive condition affecting memory and cognition), heart failure (a condition in which the heart cannot pump blood effectively), and hypertension (high blood pressure). The Minimum Data Set, dated [DATE] documented Resident (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	#48 had severe cognitive impairment and required assistance with personal hygiene and dressing.During an observation on 04/14/2026 at 2:58 PM, Resident #48 was observed in bed in a shared room on Colonial Ridge North without a privacy curtain in place, while three (3) other residents in the room had privacy curtains present.During an observation on 04/16/2026 at 9:44 AM, Resident #48 was sleeping in bed without a privacy curtain while another resident was seated in the room facing the bed.During an observation on 04/20/2026 at 10:24 AM, Resident #48 remained without a privacy curtain in place in the shared room.During an interview on 04/21/2026 at 9:02 AM, Certified Nursing Assistant #3 stated the privacy curtain should have been in place.During an interview on 04/21/2026 at 10:15 AM, Licensed Practical Nurse Unit Director #1 stated residents in shared rooms should have privacy curtains, and if a curtain is removed it should not be absent for longer than one (1) day.During an interview on 04/21/2026 at 11:38 AM, the Administrator stated residents in shared rooms should have privacy curtains in place.Title 10 New York Codes, Rules and Regulations, 415.5(a)(1), (h)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility did not ensure residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for two (2) of eight (8) residents reviewed (Resident #5 and Resident #247). Specifically, Resident #5 was observed on multiple occasions with long chin hair and unclean fingernails and had not received assistance with nail care, or facial hair removal. Resident #247 did not receive scheduled hygiene care including shaving, and the facility did not ensure care was completed, documented, or reattempted when missed.The findings include: The facility policy Activities of Daily Living dated September 2016 documented self-care needs included hair combing, bathing, grooming, shampooing, and shaving. The facility policy Care of Toenails and Fingernails dated September 2024 documented staff were to provide clean, trimmed nails to prevent infection or injury and were to soak the resident's hands for five (5) minutes and use a nail brush to remove debris.1. Resident #5 had diagnoses including necrotizing fasciitis (a life-threatening flesh-eating bacterial infection), type two diabetes, and chronic pain. The Minimum Data Set (a resident assessment tool) dated 03/06/2026 documented the resident was cognitively intact, required substantial assistance with personal hygiene including hair combing and shaving, and did not exhibit rejection of care.Review of Resident #5's Comprehensive Care Plan dated 03/13/2026 documented an activity of daily living self-care deficit related to impaired mobility, poor hygiene habits, and occasional urinary incontinence, and staff were to assist with baths or showers on Monday and Thursday evenings and provide assistance before and after meals.Review of Resident #5's progress notes and Point of Care (a report from the electronic health record used to record hygiene care including combing hair, brushing teeth, shaving, applying makeup, washing and drying face and hands, excluding baths and showers) documentation from 03/16/2026 through 04/16/2026 revealed no documented evidence Resident #5 received showers, facial hair removal, or nail care, and no documentation the resident refused or staff reattempted care.During an observation and interview on 04/14/2026 at 8:44 AM, Resident #5 was seated in the dining room with visible debris under several fingernails on both hands and chin hair approximately one (1) inch in length. Resident #5 stated they needed help with nail care and staff did not assist with hand hygiene prior to meals. A staff member delivered a meal tray and the resident began eating without hand hygiene being offered or performed.During an observation on 04/16/2026 at 1:30 PM, Resident #5 was in bed with long chin hair and unclean fingernails on the left hand.During an interview on 04/17/2026 at 3:03 PM, Certified Nursing Assistant #6 stated staff completed rounds prior to meals and provided hand hygiene and nail care, and on shower days staff assisted with shaving and grooming, and refusals were to be documented and reported.During an interview on 04/20/2026 at 10:40 AM, Licensed Practical Nurse #7 stated Resident #5 did not refuse grooming or nail care and would accept assistance if offered, and hand hygiene was typically performed after meals rather than before meals.During an observation on 04/20/2026 at 11:18 AM, Resident #5 continued to have visible chin hair.During an interview on 04/20/2026 at 11:20 AM, the Director of Nursing stated residents were expected to receive scheduled showers or have refusals documented, and staff were expected to assess skin, provide nail care, and remove facial hair during hygiene care, and provide hand hygiene prior to meals.2. Resident #247 had diagnoses including hemiplegia (one-sided paralysis) and hemiparesis (one (1)-sided muscle weakness) following cerebral infarction (brain tissue death from blocked blood flow), chronic diastolic heart failure (heart failure affecting the left side of the heart), and diabetes. The Minimum Data Set, dated [DATE] documented the resident was cognitively intact, required staff assistance with showering and personal hygiene, and did not exhibit rejection of care.During an observation and interview on 04/13/2026 at 11:42 AM, Resident #247 had beard growth approximately one (1) inch in length and stated they requested a shave three (3) days prior and had not received one.Review of (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Resident #247's Comprehensive Care Plan revised 04/08/2026 documented activities of daily living deficits due to a cerebrovascular accident (stroke) with right-sided weakness, and staff were to provide showers and hygiene care with the assistance of two (2) staff.Review of Resident #247's current Kardex (care plan reference tool used by staff to guide daily care) effective 04/16/2026 documented weekly showers on the Sunday overnight shift with assistance of two (2) staff.Review of Point of Care documentation from 03/23/2026 through 04/21/2026 revealed no documented evidence hygiene care was provided on 03/27/2026, 03/29/2026, 04/03/2026, 04/05/2026, 04/10/2026, 04/12/2026, 04/17/2026, and 04/20/2026, and no documentation the resident refused or staff reattempted care.Review of Resident #247's Treatment Administration Record from 03/01/2026 through 04/16/2026 revealed no documented evidence showers were provided.Additional record review revealed no documented evidence nursing staff identified missed hygiene care or implemented follow-up to ensure completion.During observations on 04/16/2026 at 4:40 PM and 04/17/2026 at 9:12 AM, Resident #247 continued to have beard growth approximately one (1) inch in length.During an observation and interview on 04/20/2026 at 10:31 AM, Resident #247 stated they received a shower on 04/17/2026 and requested assistance with shaving and follow-up did not occur.During an interview on 04/21/2026 at 11:18 AM, Certified Nursing Assistant #12 stated staff were expected to ask residents each shift if they wanted a shave and document all care and refusals in Point of Care.During an interview on 04/21/2026 at 11:34 AM, Licensed Practical Nurse #10 stated staff were expected to reapproach up to three (3) times if a resident declined hygiene care and document refusals in a progress note.During an interview on 04/21/2026 at 11:49 AM, Licensed Practical Nurse Manager #2 stated residents were to be shaved on shower days and as needed, and missed care was to be reattempted and reported.During an interview on 04/21/2026 at 12:54 PM, the Director of Nursing stated staff were expected to reattempt missed hygiene care and document refusals in a progress note or Point of Care.Title 10 New York Codes, Rules and Regulations 415.12(a)(3)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure the resident environment remained as free of accident hazards as possible and did not ensure adequate supervision to prevent accidents for two (2) of eleven (11) residents reviewed (Residents #11 and Resident #49). Specifically, Resident #49 had multiple prepared medications left unattended at the bedside without an assessment or physician order for self-administration, and Resident #11 had unsafe smoking practices with access to smoking materials and an incomplete safety assessment.The findings include:Issue One (1):The facility policy, Medication Administration, last reviewed 08/12/2021, included medications shall not be left at the bedside unless the resident has a physician order and has been assessed for self-administration. The facility policy, Self-Administration of Medications by Residents, last reviewed 08/12/2021, included the interdisciplinary team determines if a resident is safe to self-administer medications.Resident #49 had diagnoses including mild dementia, diabetes, and chronic obstructive pulmonary disease (a lung disease that makes breathing difficult). The Minimum Data Set (a resident assessment tool) dated 01/30/2026 documented the resident was cognitively intact.Review of Resident #49's Comprehensive Care Plan last revised 12/14/2025 included risk for aspiration (food or liquid entering the lungs by accident) or choking related to dysphagia (difficulty swallowing). Review of Resident #49's electronic medical record revealed no assessment or physician order for self-administration of oral or inhaled medications.During an observation on 04/16/2026 at 9:00 AM, Resident #49 had multiple medications prepared and left unattended on the overbed table, including gabapentin (a medication used to treat nerve pain), metformin (a medication used to manage blood sugar), duloxetine (a medication used for mood and nerve pain), iron (a supplement), lactulose (a liquid medication used to treat constipation), Protonix (a medication used to reduce stomach acid), a nasal spray, and an inhaler. Licensed Practical Nurse #4 exited the room, leaving the medications unattended and accessible.During an interview on 04/16/2026 at 9:07 AM, Licensed Practical Nurse #4 stated they left the medications with Resident #49 and should not have.During an interview on 04/17/2026 at 1:52 PM, Registered Nurse Manager #1 stated medications should be administered at the bedside and not left with residents.During an interview on 04/20/2026 at 4:13 PM, the Director of Nursing stated residents may only have medications at the bedside if assessed and ordered for self-administration and leaving medications unattended is a safety concern.Issue Two (2):Review of the Resident Smoking Policy dated 12/16/2025 included residents must be assessed by the interdisciplinary team and deemed safe to smoke unsupervised, must store ignition devices in a secured location, must notify staff prior to smoking, and must smoke in designated areas at least 30 feet from the building.Resident #11 had diagnoses including hemiplegia (one-sided paralysis) and hemiparesis (muscle weakness on one side) following a stroke, and dementia. The Minimum Data Set, dated [DATE] documented the resident was cognitively intact.Review of Resident #11's Comprehensive Care Plan last revised 03/13/2026 included use of tobacco products against medical advice and required completion of a Smoking/Tobacco Safety Screen (a facility assessment tool) per facility policy. Review of the Smoking/Tobacco Safety Screen dated 03/18/2026 revealed Licensed Practical Nurse Manager #2 had electronically signed and four (4) required interdisciplinary team signatures were missing. Review of a progress note dated 01/09/2026 revealed Resident #11 exited the facility at 4:00 AM to smoke after obtaining the exit door code and had half-smoked cigarettes on the floor of the room with a smell of freshly lit cigarettes.During an observation on 04/13/2026 at 11:55 AM, a cigarette was observed on the floor of Resident #11's room near the dresser.During an interview on 04/14/2026 at 9:13 AM, Resident #11 stated they smoke, keep cigarettes and a lighter in the room, and go outside to smoke.During an observation and interview on 04/16/2026 at 10:58 AM, Resident #11's room was free (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of cigarette butts and the resident's hands and clothing were free of visible burn marks. Resident #11 stated they do not smoke in the room and only smoke outside.During an interview on 04/21/2026 at 10:39 AM, Occupational Therapist #3 stated the Smoking/Tobacco Safety Screen should include multiple disciplines and was not completed for Resident #11.During an interview on 04/21/2026 at 12:54 PM, the Director of Nursing reviewed the Smoking/Tobacco Safety Screen and stated the assessment was not complete and Resident #11 did not have a completed evaluation for safe smoking.Title 10 New York Codes, Rules and Regulations 415.12(h)(1)-(2)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident?s needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure suitable, nourishing snacks were available and provided consistent with resident needs, preferences, and plan of care for two (2) of six (6) residents reviewed (Resident #45 and Resident #189). Specifically, Resident #45 and Resident #189 were offered only limited snack items and staff were unable to provide alternative snack options when those items were not desired or appropriate, and the facility did not sustain interventions to address ongoing concerns regarding snack availability.The findings include:The facility policy Resident Rights dated 02/05/2026 documented when providing care and services, staff must respect each resident's individuality and honor and value resident input to ensure self-determination and access to services within the facility.Resident #189 had diagnoses including protein-calorie malnutrition (a condition resulting from inadequate intake of protein and calories), anxiety disorder, and major depressive disorder. The Minimum Data Set (a resident assessment tool) dated 03/13/2026 documented Resident #189 was cognitively intact. An admission Minimum Data Set, dated [DATE] documented it was very important for Resident #189 to have snacks available between meals.Review of the comprehensive care plan revised on 12/08/2025 documented Resident #189 had potential for nutritional deficit related to depression and staff were to adjust meal plan based on intake with double portions of entree and vegetables at lunch and dinner. The care plan did not include interventions related to snacks between meals or resident snack preferences.Review of dietary progress notes documented on 10/21/2025 a dietary staff member met with Resident #189 to update food preferences and changes were made in the nutritional software system. Additional dietary progress notes did not reflect ongoing assessment or follow up related to snack preferences or availability.During an observation and interview on 04/15/2026 at 4:14 PM, Certified Nursing Assistant #8 distributed pudding, graham crackers, and soda to residents for snack. Certified Nursing Assistant #8 stated at times only pudding and applesauce were available to pass. Observation of the nourishment room revealed apple juice, orange juice, and milk in the refrigerator, saltine crackers and graham crackers in the cabinet, and the freezer was empty except for an ice pack and one (1) beverage.During an interview on 04/15/2026 at 4:48 PM, Resident #189 stated they received pudding for snack with no additional options offered and no one had discussed snack preferences. Resident #189 stated staff did not consistently provide double portions as ordered and produced a meal ticket dated 04/14/2026 documenting two (2) sandwiches were to be provided, however only one (1) sandwich was received.During an interview on 04/15/2026 at 8:43 AM, the Dietary Clerk stated they only had saltine crackers, graham crackers, applesauce, and pudding to serve residents. Dietary Clerk stated six (6) months prior the facility offered cookies, fig newtons, cheese crackers, and ice cream, however those items were no longer available. The Dietary Clerk stated residents complained daily regarding limited snack options and they reported concerns to the head of dietary and the Registered Dietitian, however, were told their hands were tied and additional snack options could not be provided.During an interview on 04/16/2026 at 10:15 AM, Licensed Practical Nurse #4 stated snacks available at the facility were limited and consisted primarily of crackers and pudding. Licensed Practical Nurse #4 stated some residents could not eat crackers and staff would purchase snacks outside of the facility for residents due to limited availability.Resident #45 had diagnoses including dysphagia (difficulty swallowing), congestive heart failure (a chronic, progressive condition where the heart cannot pump blood efficiently, causing fluid buildup in the lungs, legs, and body), and hypertension (high blood pressure). The Minimum Data Set, dated [DATE] documented Resident #45 was cognitively intact. An admission Minimum Data Set, dated [DATE] documented it was somewhat important for Resident #45 to have snacks available between meals.Review of current medical orders (continued on next page)

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F 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	documented Resident #45 was ordered a regular diet with regular texture and thin liquid consistency.During an interview on 04/17/2026 at 1:53 PM, Resident #45 stated the facility did not regularly offer snacks and preferred snack items such as sandwiches, cookies, and ice cream were no longer available. Resident #45 stated only saltine crackers, graham crackers, and applesauce were offered.During an interview on 04/20/2026 at 11:10 AM, Certified Nursing Assistant #3 stated residents frequently complained there were not enough snacks available and snack options were limited to saltine crackers, graham crackers, and applesauce. Certified Nursing Assistant #3 stated staff purchased snacks for residents with personal funds due to limited options available in the facility.During an interview on 04/20/2026 at 1:48 PM, Administrator stated a food committee met monthly and staff attendance varied. Administrator stated snack availability and resident preferences had been an ongoing concern and prior efforts to obtain resident preferences were not effective due to lack of staff follow up and documentation. Administrator stated snack options were reduced due to cost considerations and the facility did not explore alternative options prior to reducing availability. Administrator acknowledged concerns raised by residents regarding food and snack options and stated dietary staff were responsible for follow up, however the process was not successful.Review of Resident Council Meeting Minutes dated 01/21/2026 included residents raised concerns regarding lack of snack availability including sandwiches, and an action was identified to stock nourishment rooms daily with bread, peanut butter, and jelly. Review of Resident Council Meeting Minutes dated 02/19/2026 included concerns regarding snack availability continued without evidence of resolution. Review of Resident Council Meeting Minutes dated 03/18/2026 included residents continued to request increased snack variety and improved food options without a documented action plan.Review of Food Committee documentation dated 03/19/2026 included residents expressed satisfaction with availability of bread and peanut butter and jelly, however peanut butter was not consistently stocked.Review of Food Committee documentation dated 11/20/2025 included a resident expressed concern regarding blood sugar levels and staff indicated bedtime snacks were available, however documentation did not reflect consistent availability or identification of specific snack items to meet resident needs.Title 10 New York Codes, Rules and Regulations 415.14(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, interviews, and record review, the facility failed to ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety for one (1) of one (1) kitchen observed. Specifically, the facility did not ensure implementation of its established kitchen cleaning schedule, resulting in unsanitary kitchen conditions including grease accumulation on cooking equipment, damaged and dirty ventilation hood filters, and broken flooring with standing water and debris, which created the potential for food contamination. Additionally, there was a shortage of non-disposable plates and utensils for meal service.The findings include:Record review conducted on 04/21/2026 at 10:00 AM revealed the facility maintained a kitchen cleaning schedule which identified required cleaning frequencies, including ventilation hood system cleaning quarterly, kitchen floor cleaning daily, and oven and range cleaning semi-annually in May and November. There was no documented evidence to demonstrate the identified cleaning tasks were completed in accordance with the facility's established schedule.During an observation and interview on 04/13/2026 at 10:10 AM, the ventilation filters (devices designed to capture grease and vapors from cooking equipment) under the kitchen exhaust hood near the left side of the cook top area were observed to be damaged and open, creating spaces where grease and vapors could bypass the filtration system. Further observations revealed significant soiled black areas of grease and food debris on the backsplash, front, and sides of the oven and cook top units, creating a potential for contamination and pest attraction. The Food Service Director stated they were not aware the ventilation hood filters were damaged or not fitting properly and indicated they would notify maintenance. The Food Service Director stated they would arrange for cleaning of the cooking equipment and were not sure how often deep cleaning was completed.During an observation on 04/13/2026 at 10:12 AM, an approximately three (3) feet by three (3) feet section of broken floor tiles was observed under the steamer in the main kitchen, with standing water and food debris present, creating conditions conducive to bacterial growth and contamination.During an observation on 04/15/2026 at 11:30 AM, the ventilation hood filters remained damaged and ajar, the section of flooring remained in disrepair with standing water and debris, and the oven and cook top units remained heavily covered in grease and food debris. During an observation and interview on 04/15/2026 at 11:57 AM, on the kitchen tray line disposable plates were being used for meal service. The Food Service Director stated there were not enough non-disposable plates, more had been ordered about one (1) month ago and were on back order. The Food Service Director stated plates and silverware would just go missing and the kitchen was estimated to be short approximately 60 pieces of silverware and 100 plates.During an observation on 04/15/2026 at 12:10 PM, on the kitchen tray line disposable utensils were placed on trays being delivered to Maple Creek Unit and to Colonial Ridge Unit.During an interview on 04/15/2026 at 12:32 PM, Resident #45 was sitting at the Colonial Ridge Unit nurses' station eating their lunch. Resident #45 stated it would be nice if they could use real silverware and plates during their meals.Title 10 New York Codes, Rules and Regulations 415.14(h); Subpart 14-1.95, 14-1.96, 14-1.110(d), 14-1.170, 14-1.171(a), 14-1.175(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335053	A. Building B. Wing	04/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elcor Nursing and Rehabilitation Center	48 Colonial Drive Horseheads, NY 14845

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to ensure an effective pest control program for one (1) of eight (8) resident units reviewed (Colonial Ridge South). Specifically, the facility did not ensure resident rooms were included in routine pest control inspections and treatments, resulting in the presence of small black flies within and around resident rooms.The findings include:Record review on 04/16/2026 at 2:00 PM revealed an undated pest control policy which documented procedures: A technician from a contracted licensed extermination service would make monthly and as needed visits to the facility Daytime services would involve making rounds to resident floors, administrative offices, common areas, pantries, day rooms, utility areas, as well as follow up on complaint sites.Record review of weekly pest control records from 11/26/2025 through 04/01/2026 revealed no documented evidence of inspection or treatment of resident rooms. There was no additional pest control documentation available for review after 04/01/2026.During an observation and interview on 04/15/2026 at 11:18 AM, there were four (4) small black flies on the wall within the bathroom of resident room [ROOM NUMBER] (Colonial Ridge South). The bathroom floors were sticky and there was a foul odor. During an interview at that time, a resident family member stated the presence of flies had been ongoing and previously brought to the facility's attention, and they used towels in the bathroom to swat the flies.During an observation and interview on 04/15/2026 at 11:24 AM, there were three (3) small black flies on the wall within the shared bathroom between resident rooms [ROOM NUMBERS] (Colonial Ridge South). The bathroom floors were sticky and there was a foul odor. The Director of Maintenance stated the residents' bathrooms in the Colonial Ridge building did not have exhaust, they were not aware of flies in resident rooms, and the pest control vendor was expected to handle all treatments and inspections.Title 10 New York Codes, Rules and Regulations 415.29(j)(5)