

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335061	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/07/2024
NAME OF PROVIDER OR SUPPLIER  University Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  2505 Grand Ave Bronx, NY 10468	

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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to easily view the nursing home's survey results and communicate with advocate agencies.</p> <p>48711</p> <p>Based on observations, record review, and interviews conducted during the Recertification survey from 05/01/2024 to 05/07/2024, the facility did not ensure that the most recent survey result of the facility was posted in a place readily accessible to residents, family members, and legal representatives of the residents. This was evident for 1(Resident #95) of 6 residents attending the Resident Council meeting. Specifically, survey results were posted in the facility basement that was not in plain view and was not readily accessible for review. In addition, a member of the Resident Council was interviewed and stated they do not know where the survey results were posted.</p> <p>The findings are:</p> <p>The facility policy titled Survey Results which was last revised on 12/2023 documented that a copy of at least 3 years recent standard survey, including any subsequent extended surveys, follow-up revisit reports, along with state approved plans of correction of noted deficiencies, is maintained in a 3-ring binder located in an area frequented by most residents, such as the main lobby or resident activity room. Survey results must be readily accessible for viewing. Residents and visitors should not be required to ask to see the results.</p> <p>On 05/01/2024 and 05/02/2024 between 9:00 AM and 10:00 AM, a signage was posted near the entrance, the elevator, and the basement stating that survey results were located in the basement of the lobby. There was no signage posted on the 2nd floor that tells where the survey results were posted.</p> <p>On 05/02/2024 at 11:30 AM, a binder containing the survey results was observed in the facility basement. It was in a file box on the wall in a low position.</p> <p>On 05/02/2024 at 10:30 AM, a Resident Council meeting was held with 6 residents. Resident #95 stated during the meeting that they do not know where to find the facility's survey result.</p> <p>On 5/02/2024 at 11:20 AM, Resident # 95 was interviewed and stated they do not know where they can find the survey results and there was no sign posted on the 2nd floor that tells them where to find the survey result. They stated they were not able to get to the elevator without staff assistance.</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
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<p>F 0577</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 05/07/24 at 09:59 AM, the Assistant Administrator was interviewed and stated the survey results were located in the basement. They stated signs were posted on the resident floors and the survey results were accessible to residents and family members who come down to the basement to visit the staff or use the vending machine.</p> <p>415.3(1)(c)(1)(v)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48711</p> <p>Based on observation, record review, and interviews conducted during the Recertification survey from 5/1/2024 to 5/7/2024, the facility did not ensure that resident menus were followed, and food preferences were honored. This was evident for 4 (Residents #38, # 95, and # 4) of 12 total sampled residents. Specifically, 1) Residents #38, #95, and #4 did not receive food items listed on their lunch and dinner meal ticket, and 2) Resident #38 did not receive preferred food items as requested.</p> <p>The findings are:</p> <p>The facility policy titled Tray Assembly Identification and Service Policy that was last reviewed in January 2024 documented tickets are used to identify correct items for resident diet and are placed at resident place setting or on tray. Food service staff will check trays for correct diets and consistencies before the food carts are transported to their designated areas. The licensed nurse will confirm individual name and diet on the tray card/ticket to verify that the meal is served to the correct person, and check items on the plate/tray to assure accuracy for therapeutic diets or texture or consistency modifications. If an error is identified, staff will notify the food and nutrition services department immediately for a replacement.</p> <p>The lunch menu for 5/1/2024 documented barbeque chicken, barbeque sauce, French fries, ketchup, creamy coleslaw, frosted cake, and coffee.</p> <p>On 05/01/24 at 12:29PM, during dining observation, 5 lunch trays were observed with 2 pieces of baked chicken, a scoop of mashed potatoes with gravy, orange, carrots, and pears in a cup. The meal tickets on the 5 lunch trays documented baked chicken, mashed potatoes, gravy, corn, mandarin oranges, and coffee.</p> <p>1) Resident #95 had a diagnosis of status post Left Lower Extremity Fixator. The Minimum Data Set, dated dated [DATE] documented that Resident #95 was cognitively intact.</p> <p>During an observation on 5/2/2024 at 12:30PM, the lunch menu for 5/2/2024 documented braised beef, beef gravy, pasta noodles, green beans, crushed pineapple, and coffee.</p> <p>Resident #95's lunch meal ticket documented sliced roast turkey, turkey gravy, bread dressing, diced carrots, sliced bread, Jell-O with topping, coffee, and pepper.</p> <p>Resident #95's lunch tray was observed with sliced turkey, turkey gravy, sweet potato, loose corn, 1 slice of white bread, Jell-O with topping. Coffee, tea, and juice were served on the unit.</p> <p>During an interview on 5/2/2024 at 10:38 AM, Resident #95 stated they did not receive food that was listed on the meal ticket or what was written on the menu. They stated they were served Matzah crackers crumbled with farina or oatmeal for breakfast. Resident #95 stated they were served Matzah crackers for breakfast, lunch, and dinner. They stated the menus and the meal tickets do not match what was on their tray.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a subsequent interview with Resident #95 on 5/3/2024 at 4:04 PM, Resident #95 stated they were served apple tarts and coleslaw for dinner on 5/2/2024 but the ticket stated garden vegetable soup, baked fish sticks, tartar sauce, macaroni and cheese, fruit cocktail, spinach, whole mild, coffee.</p> <p>2) Resident #38 had diagnoses of Depression. The Minimum Data Set assessment dated [DATE] documented Resident #38 was cognitively intact.</p> <p>During an observation on 5/1/2024 at 12:35 PM, the lunch menu for 5/1/2024 documented barbeque chicken, barbeque sauce, French fries, ketchup, creamy coleslaw, frosted cake, and coffee. Resident #38's lunch meal ticket documented barbeque chicken, barbeque sauce, French fries, ketchup, creamy coleslaw, frosted cake, and coffee. Resident #38's lunch tray was observed with 2 pieces of baked chicken, mashed potato, gravy, carrots, cup of pears, and coffee.</p> <p>During an observation on 5/3/2024 at 12:40 PM, the lunch menu for 5/3/2024 documented baked lemon pepper fish, lemon butter, au gratin potatoes, corn, garlic bread, margarine, oatmeal cookie, whole milk, and coffee. Resident #38's lunch tray was observed with pizza, brownie, juice, salad, split pea soup.</p> <p>During an interview on 5/1/2024 at 12:35 PM, Resident #38 stated they were tired of eating chicken every day. And would like to have grilled cheese, tuna sandwich, and burger/veggie patties. They stated they do not get their food request when they ask for it.</p> <p>3) Resident #4 had diagnoses of Anemia, Coronary Artery Disease, Hypertension, and Diabetes. The Minimum Data Set assessment dated [DATE] documented Resident #4 was cognitively intact.</p> <p>During an observation on 5/1/2024 at 12:29 PM, Resident #4 tray was observed with two pieces of baked chicken, mashed potatoes, carrots, and pears and coffee. The lunch menu ticket documented barbeque chicken, barbeque sauce, French fries, ketchup, creamy coleslaw, frosted cake, and coffee.</p> <p>During an observation on 5/3/2024 at 12:34 PM, the lunch menu for 5/3/2024 documented grape juice, chicken noodle soup, roast chicken, chicken gravy, mashed potatoes, yellow squash, challah bread, margarine, crushed pineapple, and coffee. Resident #4's lunch ticket documented 6 fluid ounce of beef broth, 1 fish sandwich, tartar sauce, tossed salad with tomato, assorted dressing, frosted cupcake, Lactaid milk, coffee, pepper, and sugar sub packet. Resident #4's tray was observed with a bowl of split pea soup, pizza, salad, coffee, and juice.</p> <p>During an interview on 5/1/2024 at 10:00 AM, Resident #4 stated they get chicken 3 times a week that taste old and hard. Resident # 4 stated when they ask for a substitute, they were told the kitchen staff had already left or there were no sandwiches available.</p> <p>On 5/2/2024 at 11:59 AM, the Registered Dietitian was interviewed and stated the menus were made in the corporate office over the past 6 to 7 months. They stated they attended the resident council meetings and listened to residents' complaints about food. The Dietitian stated they tried as much as possible to accommodate the residents' requests. They stated they have not heard of residents having issues with their meals.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/7/2024 at 9:16 AM, the Food Services Supervisor was interviewed and stated the meal tickets always match what was on the menu and the only time there was a discrepancy was during the Passover Holiday, when the menu and ticket do not match. They stated they notify the nurse on the unit when the food they serve does not match the menu or the meal ticket. The Food Services Supervisor stated the facility does not serve certain food during Passover.</p> <p>On 5/7/2024 at 9:53 AM, the Assistant Administrator was interviewed and stated it was the Kitchen Supervisor's responsibility to make sure that the food on the tray matches the meal ticket. The Kitchen Supervisor must make sure that the residents were offered an alternative meal and inform them of the meals that does not match the ticket.</p> <p>415.14(c) (1-3)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48711</p> <p>Based on observation, record review, and interview, during the Recertification Survey from [DATE] to [DATE], the facility failed to ensure food was stored, prepared, and distributed in accordance with professional standards for food service safety. This was evident during the kitchen observation. Specifically, 1.) multiple food items were observed in the refrigerators without proper labeling, 2.) opened food items were not dated, 3.) expired food items were observed, and 4.) food was not stored away from rust or soiled surfaces.</p> <p>The findings are:</p> <p>A facility policy and procedure titled Food Storage which was last revised on [DATE] stated that food will be stored in an area that is clean, dry and free from contaminants. All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of all foods. Food should be dated as it is placed on the shelves if required by state regulation. As for refrigerated food storage and frozen foods, all foods should be covered, labeled and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. All foods should be covered, labeled and dated. Leftover food will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. Leftover food is used within 24 to 72 hrs.</p> <p>An initial tour of the kitchen on [DATE] at 09:17 AM was conducted with the Food Service Supervisor. The following were observed:</p> <ol style="list-style-type: none"> <li>1. On the counter, there were gray metal pan with hamburger meat and another gray metal pan with green string beans that were not dated.</li> <li>2. Refrigerator #1 was observed with cracks, discoloration, and brown and purplish debris inside.</li> </ol> <p>The following were observed inside Refrigerator #1:</p> <p>At the bottom of the refrigerator were 5 opened cartons of eggs that were not dated when it was received.</p> <p>A pan containing orange carrots with a labeled date of [DATE].</p> <p>A pan containing tuna fish with a labeled date of [DATE].</p> <p>A pan containing baked chicken that consist of 3 chicken legs and one chicken thigh with a labeled date of [DATE].</p> <p>And a small container of coleslaw without a label and date.</p> <ol style="list-style-type: none"> <li>3. Refrigerator #2 was observed with the following:</li> </ol> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A pan containing white liquid substance covered with a cling wrap without a label and date.</p> <p>A 64 ounce container of prune juice with a manufacturer stamped date indicating a best used by date of [DATE].</p> <p>A box of margarine pats found on top of brown discolored racks.</p> <p>Four brown to black discolored lemons found in the bottom of the refrigerator.</p> <p>Seven containers of apple sauce found without a date.</p> <p>Two containers of garlic puree found without a label and without a date.</p> <p>3. Refrigerator #3 located in the pantry area was observed with the following:</p> <p>A gallon of red duck sauce with a stamped expiration date of [DATE].</p> <p>Two white containers labeled as cottage cheese and taped over the original label was a label indicating horse radish dated ,d+[DATE].</p> <p>A box of nectar thickened apple juice found with an expiration date of [DATE].</p> <p>A subsequent tour of the kitchen was conducted on [DATE] at 12:32 PM with the Food Services Supervisor. The emergency food supply was observed with two 4 pound containers of peanut butter with an expiration date of [DATE].</p> <p>During an interview on [DATE] at 9:43 AM, the Maintenance Supervisor stated it was the responsibility of the Dietary Department to inform the Maintenance Department if there was something wrong with the refrigerator. The Maintenance Supervisor stated the Administration decides if a refrigerator needs replacement.</p> <p>During an interview on [DATE], the Food Services Supervisor stated refrigerators were cleaned every evening shift and checked by the supervisor. They stated whoever worked late on the 11:30 AM to 7:30 PM shift were supposed to make sure the kitchen was clean. The Food Services Supervisor stated they believed the eggs that were found at the bottom of the refrigerator were delivered 2 weeks ago. They stated food was supposed to be held for 3 days. The coleslaw was taken from a 30-pound container from over the course of the holiday and was placed in a smaller container because the 30-pound container does not fit in the refrigerator. They stated the horse radish was placed into two separate containers last year and that the white liquid substance was a liquefied pureed cereal, they were not sure why it was not labeled and dated. The Food Services Supervisor stated they were not allowed to mix the Passover Holiday food with the regular food that was why some of the food were placed in different containers and in different boxes to hide them. The Food Services Supervisor stated it was the responsibility of the Kitchen Supervisor to check the food for expiration dates and the cleanliness of the kitchen every day. The Food Services Supervisor stated they were responsible for checking the emergency food supply for expired items.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on [DATE] at 09:53 AM, the Assistant Administrator stated the Kitchen Supervisor oversees the kitchen and makes sure that it was clean and in working order. The Assistant Administrator stated they were not sure about checking expired food or how long the food should be in the refrigerator before discarding the food, stated they have to check the policy.</p> <p>10 NYCRR 415.14 (h)</p>

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<p>F 0814</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Dispose of garbage and refuse properly.</p> <p>48711</p> <p>Based on the observation and interviews conducted during the Recertification Survey from 5/1/2024 to 5/7/2024, the facility did not ensure garbage and refuse were properly disposed of. This was evident during the kitchen facility task. Specifically, garbage was not properly contained outside the facility to prevent the harborage and feeding of pests.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Garbage and Rubbish with a last review date of 02/2024 documented all garbage and rubbish containing food wastes shall be kept in containers. All garbage and rubbish containers shall be provided with tight fitting lids or covers and must be kept covered when stored or not in continuous use.</p> <p>On 5/1/2024 at 10:45 AM, an observation of the garbage dumpster area was made. There were 5 large green trash containers that were uncovered and 1 dumpster noted with exposed white trash bags. There were flies in the entrance way leading to the garbage area and above the open dumpster.</p> <p>On 05/01/24 at 10:45 AM, an interview was conducted with the Maintenance Director. They stated they have a vendor that picks up the trash and they were supposed to put the lid back after the garbage was dumped. They stated it was the responsibility of the Maintenance Department to make sure that the trash container covers were on.</p> <p>On 05/07/24 at 09:43 AM, a subsequent interview was conducted with the Maintenance Director. They stated it was their responsibility to hose down the garbage area once a week and to keep the area clean.</p> <p>415.14(h)</p>