STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335093	A. Building B. Wing	08/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Nursing Home	128 Beach 115th Street Rockaway Park, NY 11694

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 observation and staff interviews during the Recertification survey it was determined that the facility did not ensure that the maintenance and housekeeping services provided, were maintained a sanitary, orderly, and comfortable interior on two (3S, 3N) of five resident units. This was evidenced by soiled, stained, torn, or broken furniture, dusty and soiled air conditioners, soiled, stained torn wallpaper, stained ceiling tiles, resident sinks and corridor bathrooms in disrepair, soiled torn clean linen cart covers. The findings are: The facility's policy and procedure, titled Environmental Services dated 04/25/25 stated it is the policy of this facility to ensure all resident rooms are comfortable, cleaned and sanitized according to set standards to maintain a safe sanitary and comfortable homelike environment. The resident has a right to a safe clean comfortable and homelike environment including but not limited to receiving treatment and supports for daily living safely. This includes Housekeeping and Maintenance services necessary to maintain a sanitary orderly and comfortable interior. 1.During multiple observations made from 08/19/2025 to 08/26/2025 the following was observed on unit 3N: 1. In the bathroom opposite room [ROOM NUMBER] a) one of three soap dispensers were broken, and the outside covers were dusty. b) all three mirrors were soiled, stained, and streaked. c) both paper towel dispensers were dusty. d) there were stained, dirty, broken wall tiles. 2. Dining Room a) eight (8) wooden framed vinyl chairs had torn seat cushions, cracked and worn wooden frame. b) two (2) fabric covered chairs were heavily soiled, discolored and the back side was pulled out. 3. Corridor: (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	a) clean linen cart cover torn tattered. 4. In room [ROOM NUMBER], the sink was not firmly affixed to the wall, and the surrounding ceramic tiles were broken. 5. In room [ROOM NUMBER], there were torn window screens. 6. In room [ROOM NUMBER], there was a missing closet doorknob near bed B, and a rusty and soiled bed frame at bed D. The Housekeeping and Maintenance logbook for Unit 3 was reviewed and contained blank forms and there were no written requests for repairs for any of the above-mentioned areas. On 08/26/2025 at 8:48 AM, Licensed Practical Nurse #2, was interviewed and stated that a Housekeeping and Maintenance logbook is kept on all units for any staff to submit a concern. Licensed Practical Nurse #2 also stated if there is an immediate concern, they notify the department by phone. Licensed Practical Nurse #2 further stated that an environmental staff person checks the logbooks on a daily basis. On 08/26/2025 at 9:34 AM, the Maintenance Director was interviewed and stated the following they have to ensure the maintenance of the building is done in keeping with infection control prevention and practices. The Maintenance Director also stated environmental cleanliness is important for all residents' staff and visitors, and they want to maintain a clean and sanitary place for residents to live in and staff to work in. The Maintenance Director further stated there is a logbook on each unit where staff can describe an issue with housekeeping or maintenance; this book is checked every day and issues are addressed right away. The Maintenance Director stated they make rounds to ensure that equipment, furniture, and rooms are clean and functional, they look for accumulation of dust when making rounds, and they address any rounding concerns immediately with their staff. On 08/26/2025 at 10:39 AM, the Administrator was interviewed and stated their role includes but is not limited to oversight of daily facility operations. The Administrator also stated they have ongoing communication with staff via e-mails, phone calls, and meetings regarding resident or family concerns. The Administrator further stated there had been no recent requests for new furniture or resident equipment. 2. During multiple observations from 08/19/2025 at 10:03 AM to 08/21/2025 at 11:55 AM, the following were observed on the floor 3 South but not limited to: 1.Elevator Cart A - wall panel noted area with white patch, stained and scratched surfaces on the floor. 2. In room [ROOM NUMBER], there was dried substance on the floor by tube feeding pump and pole, a sticky overbed table, misaligned closet drawers, and a privacy curtain hanging around the bed which was missing hooks and partially unhanged. 3. In room [ROOM NUMBER], the bed frames and legs were rusted and peeled. 4. In room [ROOM NUMBER], the window screens were torn, windows were taped shut with blue tape, and windowsills were covered with dust. Also, the baseboard heating vents and cracks above it (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	were noted with dirt/dust and the baseboard heater was also partially detached from the wall, exposing dirt/dust under it. In addition, the floors were observed with sticky brown stains. 5. In room [ROOM NUMBER], the wooden bedside table had chipped edges/corners, the wheelchair cushion was soiled and stained, and the wooden closet had a white patched area. 6. Several resident rooms and common areas had damaged wall surfaces, sticky bedside tables, wooden furniture with chipped edges, soiled wheelchair cushions, a buildup of dust/dirt noted on the metal heating vents, and floors noted with brown stained areas. The Maintenance Logbook for 3 South dated 8/1/2025 to 8/21/2025 did not contain requests to address any of the above observations. During an interview on 08/21/2025 at 01:18 PM, the Assistant Director of Nursing stated unit nursing staff is responsible to report any housekeeping issues to the housekeeping staff on the unit and equipment issues to the unit nurse. The Assistant Director of Nursing also stated the Nurse will submit a work order form in the binder and/or notify the maintenance department if urgent. During an interview on 08/21/2025 at 01:42PM, the Maintenance Director stated housekeeping staff is on the unit doing routine cleaning daily and maintenance staff does daily round of all the rooms to do work if needed. The Maintenance Director also stated Maintenance staff also does work based on the submitted requests. The Maintenance Director further stated they were aware of the concerning areas found in the residents' rooms and stated maintenance staff should have been already checking for broken furniture, walls, closets, and floors to ensure they are maintained, kept in good condition. 10 NYCRR 415.12(h)(2)

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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. Based on observations, record review, and interviews during the Recertification survey, the facility did not maintain all mechanical, electrical, and patient care equipment in safe operating condition. This was evident for 2 (Elevator A and Elevator B) of 2 elevators. Specifically, during the Resident Council meeting, nine of nine residents complained of frequent elevator breakdowns. In addition, during the Recertification survey, the elevators were observed to shake, rattle, and bounce during use.The finding is:The facility policy titled Elevator Policy dated 12/10/2024 stated the purpose of this policy is to ensure the safe and proper operation of the elevators and to conform to regarding inspection and maintenance of elevators to ensure resident, staff and guest safety.On 08/19/2025 at 10:00 AM, and during multiple observations throughout the survey, Elevators A and B bounced when in motion, and shook and rattled before they came to a stop. On 08/21/2025 at 3:30 PM, during the Resident Council meeting, nine (9) of (9) residents reported frequent elevator issues and breakdown. On 08/26/2025 at 9:34 AM, the Maintenance Director was interviewed and stated they are responsible for ensuring resident equipment and electrical equipment is working safely. The Maintenance Director also stated they have an outside company they use for the maintenance of the elevators, and when there are issues, they notify the company. The Maintenance Director further stated they recently changed the elevator company in January 2025, and they have called the elevator company for issues such as the front elevator doors not opening or closing. The Maintenance Director stated there can be issues with either Elevator A or B and if a part is needed, it is ordered by the company, and the elevator may need to be shut down and will be repaired within a few hours, but not more than one day. The Maintenance Director also stated they did have both A and B elevators down a few months ago, but they were up and running within the same day. The Maintenance Director further stated there is also a Freight elevator (Elevator C) that can be used. On 08/26/25 at 10:39 AM, the Administrator was interviewed and stated they changed elevator vendors in January 2025 as they were not satisfied with the services being provided by the previous company. The Administrator also stated the vendor will come in to make repairs within a few hours after notification, or they may come in the early morning hours of the following day if issues occur during the evening or late-night hours. If there is need for servicing the elevators, they are shut down until an assessment is made by the company. The Administrator further stated on one occasion a resident was stuck in the elevator, the Fire Department was called, and the resident was gotten out safely. The Administrator stated they have had less problems with the elevators since they changed vendors. 10 NYCRR 415.29

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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. Based on observations, interviews, and record reviews during the Recertification survey, the facility did not ensure that an effective pest control program was in place. This was evident for one (Unit 3 N) of five units and the 1st Floor Conference Room. Specifically, multiple flies, gnats, and roaches were observed during the initial and subsequent tours of the Pantry Room, corridors, resident bathrooms, and Nurse Station on Unit 3 N and the 1st floor Conference Room. The finding is: The facility policy titled Procedure in the event of Pest Sightings or Complaints dated 04/23/24 stated the facility is to ensure residents environment is clean, safe and pest free. All staff to document of sightings of pest in the pest book. The following observations of Unit 3N were made on 08/19/2025 at 10:40 AM, 08/20/2025 at 9:15 AM, and 08/26/2025 at 09:00 AM and at other times throughout the survey: 1. Pantry Room:a) Multiple live and approximately eight (8) dead roaches were observed throughout the refrigerator, floor, and underneath the pantry sink. 2. Corridor: a) multiple observations of flying gnats/flies. 3. Nurse Station: a) multiple observations of flying gnats. 4. Resident Corridor Bathrooms: a) multiple observations of live roaches.b) multiple observations of flying gnats. 5. 1st Floor Conference Room:a) multiple gnats observed. The Pest Control Logbook for unit 3N dated 02/06/2025 to 08/21/2025 contained no documented evidence of pest sightings. There was no documentation of specific areas of treatments provided by the pest control technician. On 08/26/25 at 8:35 AM, an interview was conducted with Licensed Practical Nurse #2 who stated a Pest Control logbook is located on each unit, and the Pest Control Technician comes on a weekly basis. Licensed Practical Nurse #2 also stated any staff can document sightings in the logbook. Licensed Practical Nurse #2 further stated the exterminator is not accompanied by facility staff when they make their rounds. On 08/26/2025 at 9:34 AM, the Maintenance Director was interviewed and stated there is an outside vendor for Pest Control who makes weekly visits usually on Thursdays or more often as is necessary. A Pest Control Logbook is located on each unit for staff to document sightings which is checked weekly by the exterminator. The Maintenance Director also stated currently construction is actively taking place across the street which may have an effect of more sightings, and in their recollection the control of pests and or rodents has gotten better from some years ago. The Maintenance Director further stated the exterminator goes from throughout the building including the basement and deposits glue traps, roach traps and whatever else is needed. On 08/26/2025 at 10:39 AM, the Administrator was interviewed and stated the exterminator makes weekly visits or more if needed by the facility. The Administrator also stated the Pest Control Logbook on each unit is for staff to note any sightings and locations of pests, which the exterminator will review and treat the affected areas. The Administrator further stated staff have received in-services in the past on how to utilize the Pest Control Logbook. 10 NYCRR 415.29(j)(5)