STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335143	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Park Rehabilitation and Health Center LLC	78-10 164the Street Flushing, NY 11366

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews during the Recertification and Abbreviated Survey (Complaint #2714675), the facility failed to ensure sufficient nursing staff was consistently provided to meet each residents' needs. Specifically, the facility's staffing levels were repeatedly below facility assessed minimum levels and the Payroll Based Journal Staffing Data Report from 07/2025 through 09/2025 triggered excessively low weekend staffing. The findings include but are not limited to:The Facility assessment dated [DATE] documented the facility had a bed capacity of 143 residents with an average daily census of 134. The facility assessment documented that based on their acuity levels, most residents have reduced physical function and had behavioral health needs. The facility had no independent residents, some residents were dependent, and most residents required the assistance of one (1) to two (2) staff for activities of daily living. The Facility Assessment further documented that based on the resident population and their needs for care and support, the total number of required staff needed to appropriately meet the needs of the residents at any given time were 17 licensed nurses providing direct care and 36 Certified Nursing Assistants. The facility's general staffing plans documented the facility would provide five (5) Certified Nursing Assistants for the 7:00 AM to 3:00 PM shift (day), four (4) Certified Nursing Assistants for the 3:00 PM to 11:00 PM shift (evening) and three (3) Certified Nursing Assistants for the 11:00 PM to 7:00 AM shift (night) for Units 1, 2, and 3.The Payroll Based Journal Staffing Data Report for Quarter 4 (July - September 2025) triggered excessively low weekend staffing.A review of the actual staffing schedules from 07/01/2025 to 02/04/2026 revealed consistently low weekend staffing with documented shortage of licensed nurses and certified nursing aides. The actual staffing schedule documented the following:On 07/06/2025, night shift, there were three (3) Certified Nursing Assistants scheduled for Unit 1, which had a census of 44 residents. The daily staffing documentation revealed only one (1) Certified Nursing Assistant worked.On 07/12/2025, day and evening shifts, there were two (2) Registered Nurses scheduled for Units 1, 2 and 3. The daily staffing documentation revealed no Registered Nurse worked.On 07/19/2025, for all shifts, there were three (3) Registered Nurses scheduled for Units 1, 2, and 3. The daily staffing documentation revealed no Registered Nurse worked.On 08/03/2025, 08/09/2025, 08/10/2025, 08/16/2025 and 08/17/2025, day shift, there were three (3) Registered Nurses scheduled for Units 1, 2 and 3. The daily staffing documentation revealed no Registered Nurse worked.On 09/13/2025, day shift, there were five (5) Certified Nursing Assistants scheduled for each unit (Units 1, 2, and 3) with census ranging from 43 to 44 residents. The daily staffing documentation revealed three (3) Certified Nursing Assistants worked on each unit.On 11/01/2025, 11/02/2025, and 11/16/2025, day shift, there were three (3) Registered Nurses scheduled for Units 1, 2, and 3. The daily staffing documentation revealed no Registered Nurse worked.On 01/25/2026, evening shift, there were four (4) Certified Nursing Assistants scheduled for Units 1 and 2 with census ranging from 43 to 44 residents. The daily staffing documentation revealed only two (2) Certified Nursing Assistants worked on each unit.On 01/29/2026 at 1:50 PM, during the Resident Council meeting, four (4) of nine (9) residents who attended the meeting stated the facility is (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335143	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Park Rehabilitation and Health Center LLC	78-10 164the Street Flushing, NY 11366

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	short staffed on every shift. Resident #82 stated during the meeting that there are totally dependent residents in the unit who are often not changed until the next day. Resident #88 stated during the meeting that there were times when the nurse was busy giving out medications and there was no other staff to answer phone calls or ask questions from. Residents #109 and #135 both stated staffing had been horrible for the past few months that they do not get showered for a few days. On 02/02/26 at 02:00 PM, an interview was conducted with the Staffing Coordinator who stated they are responsible for ensuring all units have sufficient nursing staff. They stated they had been aware of the facility's low nursing staffing since last year. The Staffing Coordinator stated that in December 2025, a family member made a complaint about a delay in receiving care because of insufficient staff in the unit. The Staffing Coordinator stated that nursing staff sometimes call out at the last minute, which makes it difficult to replace. The Staffing Coordinator further stated that the data sent to the Payroll Based Journal is directly linked to the facility's time clock device and is not entered manually; if there is an actual low nursing staffing, it will definitely be triggered in the Payroll Based Journal.On 02/02/2026 at 2:23 PM, an interview was conducted with the Director of Nursing who stated they are also responsible for making sure all units are sufficiently staffed. The Director of Nursing stated the facility currently had low nursing staffing since late last year. They stated that nursing staff calls out late and making them difficult to replace. The Director of Nursing stated they issued disciplinary actions to nursing staff with low attendance records and that they are hiring new staff. On 02/05/2025 at 1:55 PM, an interview was conducted with the Administrator who stated that having sufficient nursing staff is a challenge. The Administrator stated the facility has contracts with several staffing agencies and has been posting nursing vacancies online. They also stated that they started offering bonuses, higher salaries, and provided uniforms as incentive. They also stated they had been offering overtime pay for staff taking extra shifts, and they try to ensure there are additional staff on standby when there are call outs during the weekends. 10 NYCRR 415.13(a)(1) (i-iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335143	A. Building B. Wing	02/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Meadow Park Rehabilitation and Health Center LLC	78-10 164the Street Flushing, NY 11366

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to implement an ongoing resident centered activities program that incorporates the resident's interests, hobbies and cultural preferences. This was evident for one (1) (Resident #10) of one (1) resident reviewed for Activities out of 38 total sampled residents. Specifically, Resident #10 was observed during multiple observations not engaged in any activity in accordance with their preferences. The findings are:The facility's policy titled Activities with a last revised date of 02/05/2026 documented each resident's interests and needs will be assessed on a routine basis. Activities will be designed with intent to enhance the resident's wellbeing, reflect resident's interests and age, and reflect cultural and religious interests of the residents.Resident #10 had diagnoses of dementia, dysphagia following cerebral infarction, obstructive pulmonary disease, and anemia.The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #10 was severely cognitively impaired. The Minimum Data Set assessment also documented that residents' preferences for customary routine and activities were very important.During observation on 01/28/2026 between 11:00 AM and 12:45 AM and 01/29/2026 between 10:00 AM and 3:00 PM, Resident #10 was observed in bed not engaged in any activity. There was a television directly facing the resident's bed, but it was not working. There was no activity calendar observed in Resident #10's room. There was an ongoing recreation activity in the unit day room, however, no recreation staff was observed visiting Resident #10 in their room. On 02/05/2026 at 10:34 AM, Resident #10 was in bed, Recreational Aide #1 and Registered Nurse #1 were also present at the time of this observation. They attempted to turn the television on but could not find the remote control. Registered Nurse #1 then attempted to turn the television by pressing the power button, but it would not turn on. There was no radio and individualized activity calendar found in the resident's room.The Therapeutic Recreation Initial Assessment Form that was completed on 10/09/2024 documented that Resident #10's interest included television, music, and religious services. There was no further recreation assessment completed after 10/09/2024.A comprehensive care plan for activities was initiated for Resident #10 on 10/21/2025. The care plan documented Resident #10's interests included listening to music, keeping up with the news via radio and television. The care plan goal was for Resident 10 to participate in sensory programs such as ensuring television and radio were turned on. The December 2025 and January 2026 Daily Therapeutic Recreational Attendance logs were blank and had no documented evidence that Resident #10 received ongoing activity to meet their interests and needs.02/05/2026 at 11:19 AM, an interview was conducted with the Recreation Aide #1 who stated they are responsible for providing sensory therapy such as music and radios to the residents, and also responsible for conducting one to one visit. They stated they conducted a one-to- one visit for Resident #10 but forgot to complete the daily log since those logs may be completed later during the day. On 02/05/2026 at 11:55 AM, an interview was conducted with Certified Nursing Assistant #1 who stated Resident #10 was in their assignment. They stated it is hard to say if Resident #1 is actually confused because they speak Chinese and that the resident laughs and seems happy when their family members are visiting. They stated that the television in Resident #1's room was always off, and they think it was broken.On 02/05/2026 at 10:44 AM, an interview was conducted with Registered Nurse #1 who stated that Resident 10 had impaired cognition, does not talk but are aware of their environment. Registered Nurse #1 stated that a few months ago, the resident's family member told them that the resident will benefit from a Chinese television channel but could not recall if they inform anyone about it.On 02/05/2026 at 1:45 PM, an interview was conducted with the Director of Recreation. They stated that recreational aides are responsible for completing the recreational assessment every quarter and must update the activities care plan as needed. They stated that Resident #10 was supposed to have a radio and television in their room and that no one informed them that Resident #10's television was not working and that the resident had no radio in their room. 10 NYCRR 415.5(f)(1)