STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335163	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oxford Nursing Home	144 So Oxford St Brooklyn, NY 11217

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** Number of residents sampled: 1 Number of residents cited: 1 Based on observation, record review, and interviews conducted during the Recertification survey, the facility did not provide an ongoing program to support residents in their choice of activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of each resident. This was evident for 1 (Resident #44) of 1 resident reviewed for Activities out of 38 sampled residents. Specifically, Resident #44 was not provided with activities that met their interests and cultural preferences. The findings are:The facility policy titled Recreation Department Policy & Procedure with undated effective date and last reviewed date 03/20/2025 documented the Recreation Department shall plan, implement, and evaluate a comprehensive program of therapeutic and leisure activities designed to meet the individual needs and preferences of all residents. The policy also documented the Recreation Department provides meaningful, person-centered recreational activities that enhance the physical, emotional, cognitive, and social well-being of all residents.Resident #44 had diagnoses which included Bronchus, Respiratory Tuberculosis, and Chronic obstructive pulmonary disease.The Annual Minimum Data Set assessment dated [DATE] documented Resident #44's preferred language is Cantonese, and they want or need an interpreter to communicate with a doctor or health care staff. The Annual Minimum Data Set assessment also documented it was very important for Resident #44 to do their favorite activities. The Annual Minimum Data Set assessment further documented only Resident #44's representative participated in the assessment. On 09/05/2025 at 11:43 AM, Resident #44's Representative was interviewed and stated they visited Resident #44 at the facility every day. Resident #44's Representative also stated Resident #44 was Cantonese speaking only and liked to watch Cantonese television channels when they were in the community. Resident #44's Representative further stated the facility had no Cantonese television channels for Resident #44 and they did not observe that Resident #44 had been provided with any other device to watch television programs in their preferred language. Resident #44's Representative stated no staff asked them what language television programs Resident #44 liked to watch even though they visited Resident #44 every day at the facility. From 09/02/2025 at 10:22 AM to 09/08/2025 at 09:24 AM, multiple observations were made of Resident #44 resting in their bed with no ongoing activities and the television for Resident #44 was off. Resident #44 was also not provided or offered alternate activities in their preferred language.The Comprehensive Care Plan titled Activities initiated on 07/19/2025 documented one of the goals for Resident #44 was to pursue independent leisure lifestyle daily in areas of interest like watching television.The Annual Activity Interest Survey dated 07/19/2025 documented Resident #44 liked to watch television for sports.The facility document titled Direct TV Channel Lineup listed that the facility provided 48 television channels in English and Spanish.The facility admission package was reviewed, and it had no information of what television channels were offered at the facility. There was no documented evidence that a resident centered activity program that incorporated Resident #44's interests, hobbies, and cultural preferences, which is integral to maintaining and/or improving a resident's physical, mental, and psychosocial well-being, and independence, was implemented.On 09/05/2025 at 11:24 AM, Certified Nursing Assistant #3 was (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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(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	interviewed and stated Resident #44 was alert and able to make needs known and did not speak English. Certified Nursing Assistant #3 also stated Resident #44 stayed in bed most of time and seldom watched the television in their room. Certified Nursing Assistant #3 further stated that the facility only offered television channels in English or Spanish.On 09/05/2025 at 11:51 AM, Recreation Aide #1 was interviewed and stated they did the activity assessment for Resident #44. Recreation Aide #1 also stated they used gestures and a translation tool to interview Resident #44 for their activity preferences during the activity assessment as Resident #44 was Cantonese speaking. Recreation Aide #1 further stated they did not interview Resident #44's representative who visits Resident #44 every day, and Resident #44's representative did not inform them that Resident #44's preferred activity is to watch TV channels in Cantonese. Recreation Aide #1 stated that the facility only provided English and Spanish language television channels for residents, and Resident #44 did not understand English or Spanish. Recreation Aide #1 also stated they did not provide Resident #44 any alternative device to watch the programs in their preferred language.On 09/05/2025 at 2:16 PM, the Recreation Director was interviewed and stated the facility only had English and Spanish language television channels. The Recreation Director also stated they had devices like tablets for residents to watch video programs in their preferred language. The Recreation Director further stated they were not sure if any such device had been provided to Resident #44 so that they could watch television programs in their preferred language or if Resident #44 was able to navigate these alternative devices. The Recreation Director stated they had 2 tablets at the facility for residents to use and the residents were not able to keep these devices. The Recreation Director was not able to explain how residents were able to watch the video programs in their preferred language at any time they wanted. The Recreation Director stated they were not aware that Resident #44 was not being provided activities in their preferred language. 10 NYCRR 415.5(f)(1)

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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 0640 Level of Harm - Potential for minimal harm Residents Affected - Many	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and staff interviews, during the Recertification survey, the facility did not ensure Minimum Data Set (MDS) 3.0 comprehensive and quarterly assessments were submitted and transmitted into the Quality Improvement Evaluation System Assessment Submission and Processing system in a timely manner. Specifically, admission, annual, and quarterly assessments were not submitted and transmitted within 14 calendar days after the assessments were completed. This was evident for 43 of 54 residents reviewed for the Resident Assessment facility task.The findings include but are not limited to:The facility policy and procedure titled Minimum Data Set (MDS) 3.0 Completion and Submission Policy revised 06/26/2025 stated the facility will ensure all Minimum Data Set assessments are transmitted to the Quality Improvement and Evaluation System (QIES)/Internet Quality Improvement and Evaluation System (iQIES) within required timeframes. The policy also stated completed Minimum Data Set assessments must be electronically submitted to Internet Quality Improvement and Evaluation System (iQIES) within 14 days of the assessment's Assessment Reference Date. 1. The MDS (Minimum Data Set) 3.0 NH (Nursing Home) Final Validation Report for Resident #159 documented the Quarterly assessments with Assessment Reference Dates of 01/22/2025 and 07/23/2025 were submitted more than 14 days after the completion date. 2. The MDS (Minimum Data Set) 3.0 NH (Nursing Home) Final Validation Report for Resident #208 documented the Quarterly assessments with Assessment Reference Dates of 01/22/2025 and 07/23/2025 were submitted more than 14 days after the completion date. 3. The MDS (Minimum Data Set) 3.0 NH (Nursing Home) Final Validation Report for Resident #69 documented the Quarterly assessment with an Assessment Reference Date of 07/30/2025 was submitted more than 14 days after the completion date. 4. The MDS (Minimum Data Set) 3.0 NH (Nursing Home) Final Validation Report for Resident #201 documented the Annual assessment with an Assessment Reference Date of 07/30/2025 was submitted more than 14 days after its completion date. 5. The MDS (Minimum Data Set) 3.0 NH (Nursing Home) Final Validation Report for Resident #132 documented the Annual assessment with an Assessment Reference Date of 07/16/2025 and the Quarterly assessment with an Assessment Reference Date of 01/15/2025 were submitted more than 14 days after the completion date. On 09/08/2025 at 12:40 PM, the Minimum Data Set Coordinator was interviewed and stated that their current responsibilities included scheduling assessments, reviewing assessments after completion, and submitting assessments. The Minimum Data Set Coordinator stated that they were aware that assessments were submitted late in January 2025 and July 2025. The Minimum Data Set Coordinator further stated that at that time, they did not have permission to submit assessments, and submissions were handled by the Administrator. The Minimum Data Set Coordinator stated that assessments were submitted late in January 2025 due to assessments being submitted in batches, resulting in some being late while the facility waited for others in the batch to be completed. Additionally, they stated that assessments were submitted late in July 2025 due to the death of a staff member who was responsible for reviewing certain sections of the assessment. On 09/08/2025 at 12:51 PM, the Administrator was interviewed and stated that they were aware that Minimum Data Set assessments were submitted late in July 2025. The Administrator stated that this occurred due to the unexpected death of a staff member who was responsible for reviewing the rehabilitation portions of the assessments. The Administrator further stated that they were not aware that assessments were submitted late in January 2025. 10 NYCRR 415.11