

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/08/2025
NAME OF PROVIDER OR SUPPLIER Brooklyn Ctr for Rehab and Residential Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE 170 Buffalo Avenue Brooklyn, NY 11213	

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 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. (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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during the Recertification and Complaint (2604985), the facility failed to ensure a resident was free from misappropriation of property. This was evident for one (1) of five (5) residents (Resident #207) reviewed for Abuse out of 38 total sampled residents. Specifically, Certified Nursing Assistant #2 removed Resident #207's dresser key from their arm, opened their dresser, removed \$250 from Resident #207's wallet and left the room. The findings are: The facility policy titled 'Abuse' revised 7/18/2025 documented the facility prohibits the misappropriation of resident property by anyone including but not limited to staff, family, friends and residents of the facility. The facility has designed and implemented processes which strive to ensure the prevention and reporting of suspected or alleged resident abuse, neglect, mistreatment and or misappropriation of property. Misappropriation-deliberate misplacement, exploitation or wrongfully temporary or permanent use of a resident belongings or money without the resident's consent. The facility policy titled Personal Property revised 3/1/2024 documented residents are permitted to retain and use personal possessions and clothing as space and safety regulation permit. A locked drawer in the resident room is available as needed if residents wishes to secure personal items or valuables. The facility will promptly investigate any complaints of misappropriate or mistreatment of resident property. The facility policy titled Investigation- Theft/ Misappropriation of Resident Property revised 11/2019 documented all reports of theft or misappropriation of resident property shall be promptly and thoroughly investigated. When an incident if theft or misappropriation of resident property is expected/alleged, the Administrator will appoint a staff member to investigate the incident. Examples of misappropriation examples provided, and it does not include theft of resident directly in the form of cash, Shall an alleged or suspected case of misappropriation of resident property be reported the facility Administrator or designee will notify the following agencies within 24 hours of such an incident stated and certification agency. Ombudsman, resident representative local law enforcement official and adult protective services. The Administrator will report the result so the investigation to the local police department, ombudsman and the state survey and certification agency within an identified regulatory timeline. Resident #207 had diagnoses of Chronic Obstructive Pulmonary Disease, Heart Failure, Anxiety and Depression. The Significant Change Minimum Data Set assessment dated [DATE] documented Resident #207 was cognitively intact and required partial to moderate and total assistance with Activity of Daily Living. The General documentation note written by Licensed Practical Nurse #7 on 08/29/2025 at 07:54 AM, documented Resident #207 went to their appointment accompanied by escort. The General documentation note written by Licensed Practical Nurse #8 on 08/29/2025 at 1:08 PM, documented Resident #207 returned to unit in stable condition from clinic appointment via wheelchair accompanied by Certified Nursing Assistant at 1:08 PM. The Comprehensive Care Plan for at risk for misappropriation, neglect, abuse and/or exploitation related to dependence on others for care initiated 3/5/2023 documented interventions ensure resident place with a compatible roommate, monitor resident for signs/symptoms of abuse, neglect, misappropriation and or exploitation and report to facility abuse office and medical director, refer to psychiatric evaluation and follow up as indicated, separate resident from aggressor, refer to psychology evaluate and ongoing services if indicated. On 12/01/2025 at 12:37 PM, Resident #207 was interviewed and stated a Certified Nursing Assistant came into their room, took their key to their bedside dresser, opened the dresser and took \$250 given to them by their family for their birthday. Resident #207 also stated they pretended to be asleep as the staff took their money and did not report it until the next day as they were waiting for their family to come to tell them, but they changed their mind and reported it to the nurse after they returned from a medical appointment on 08/29/2025. Review of the medical record revealed there was no documentation in social service or nursing notes regarding Resident #207's allegation regarding stolen money. The Accident/Incident Statement Form completed by Certified Nursing Assistant #2 on 9/2/2025 at 10:15 documented Resident #207 rang the bell, and they answered the bell and Resident #207 asked them to turn off the light. The statement also documented Certified Nursing Assistant #2 turned off the light, washed their hands and left the room and this occurred between 10:45 PM and 10:50 PM. The Accident/Incident Statement Form completed by Licensed Practical Nurse #1 on 8/29/2025 documented Resident #207's child informed them that their parent was missing \$250 from their wallet. The statement also documented Licensed Practical Nurse #1 called the supervisor to report the incident however the resident's child called the police before the</p>		