

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335211	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/19/2025
NAME OF PROVIDER OR SUPPLIER Glengariff Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 141 Dosoris Lane Glen Cove, NY 11542	

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. (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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NAME OF PROVIDER OR SUPPLIER Glengriff Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 141 Dosoris Lane Glen Cove, NY 11542	
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews during the Recertification Survey initiated on 09/11/2025 and completed on 09/18/2025, the facility did not ensure that there was sufficient nursing staff to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. This was identified on one (1) (Unit 2) of six (6) resident units reviewed for the Sufficient Nursing Staffing Task. Specifically, the Centers for Medicare and Medicaid Services Payroll-Based Journal Staffing Data Report for Fiscal Year Quarter Three (3) 2025 (April 1st- June 30th) indicated that the facility had excessively low weekend staffing. Additionally, two (2) (Resident #4 and #214) out of nine (9) residents in the Resident Council Task reported complaints about short staffing; and a random sampling of facility nursing staffing assignments did not reflect the staffing ratio as indicated in the Facility Assessment for Certified Nursing Assistants. The finding is: The Centers for Medicare and Medicaid Services Payroll-Based Journal Staffing Data Report for Fiscal Year Quarter Three (3) 2025 (April 1st- June 30th) documented the facility triggered for the Metric of Excessively Low Weekend Staffing based on the facility's submitted staffing data. The Facility Assessment, last reviewed 09/04/2025, indicated the assessment had been reviewed previously on 07/31/2024, and again on 02/19/2025. The facility has a 262-bed capacity with an average daily census between 245-255 residents. The Facility Assessment did not include a census of each unit at full capacity. Part three (3) of the Facility Assessment documented facility resources needed to provide competent support and care for the resident population every day and during emergencies. The following staffing plan was determined for Unit [NAME] 2 :-During the Day shift (7:00 AM-3:00 PM), the unit required two (2) Licensed Practical Nurses and five (5) Certified Nursing Assistants. During an interview on 09/16/2025 at 09:34 AM, the Administrator stated that no update was required upon periodic review of the Facility Assessment since 07/31/2024. The Administrator stated the last review was completed on 09/04/2025. A review of the 7:00 AM-3:00 PM shift staffing schedule for Unit [NAME] 2, which had a capacity of 39 residents, indicated the following:- On 04/11/2025 (Friday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 34 residents.- On 05/02/2025 (Friday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 35 residents.- On 05/03/2025 (Saturday) and 05/04/2025 (Sunday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 36 residents.-On 05/05/2025 (Monday), there were three (3) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 36 residents.- On 05/23/2025 (Friday), 05/24/2025 (Saturday), and 05/25/2025 (Sunday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 36 residents.- On 05/26/2025 (Monday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 35 residents.-On 06/13/2025 (Friday), there were three (3) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 33 residents.- On 06/14/2025 (Saturday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 35 residents.- On 06/15/2025 (Sunday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 36 residents.- On 09/13/2025 (Saturday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 35 residents.- On 09/14/2025 (Sunday), 09/15/2025 (Monday), and 09/16/2026 (Tuesday), there were four (4) Certified Nursing Assistants assigned to Unit [NAME] 2 with a census of 34 residents. During the Resident Council meeting on 09/12/2025 at 12:32 PM, two (2) out of nine (9) residents stated the facility is very short-staffed. Resident #4 and Resident #214 both expressed staffing concerns, especially during the weekends. Both residents stated that poor staffing had led to a delayed response to the call bells for up to an hour, which affected their care. During an interview on 09/17/2025 at 02:03 PM, the Staffing Coordinator stated Unit [NAME] 2 had a maximum bed capacity of 39 residents, which would require two (2) licensed nurses and five (5) Certified Nursing Assistants to meet all residents' needs based on the par levels (required amount of nursing staff determined by the facility). The Staffing Coordinator provided a sheet of paper with no title, which showed the names of the units and the staffing par levels for each shift. The sheet indicated the Unit [NAME] 2 required five (5) Certified Nursing Assistants during the 7:00 AM-3:00 PM shift for a census of 39 residents. During interviews with two (2) anonymous nursing staff members, concerns were expressed related to overall nursing staff coverage during the day shift (weekdays and weekends), and the number of residents assigned to each Certified Nursing Assistant on a regular basis. Anonymous Nursing staff members stated that work can get overwhelming</p>		