

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335214	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/03/2026
NAME OF PROVIDER OR SUPPLIER Eastchester Rehabilitation and Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 Eastchester Road Bronx, NY 10469	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interviews, the facility did not ensure that food was stored in accordance with professional standards for food service safety. Specifically, prepared and frozen foods were not labeled and dated appropriately. This was evident during the kitchen observation. The findings are: The facility policy and procedure titled, Dating and Labeling, last revised 01/20/2026, documented kitchen will assume food safety by maintaining proper dates and labels on all food items including ready to eat food products. Additionally, products in storage should be labeled with the date the package was opened and expiration date. The facility is to allow for 48 hours for leftovers and ready to use food items after opening and discard all foods that expire immediately. During a kitchen observation tour with the Food Service Director on 02/24/2026 from 09:28 AM to 09:47 AM, opened and leftover frozen foods were observed in the reach-in freezer. Items found included: A blue plastic bag containing an unidentifiable item labeled received date 2/12/26 and opened date 2/17/26 A clear zipper bag containing leftover cooked bacon labeled Bacon 1/22/26 An opened plastic bag of unidentifiable items, not wrapped tightly and dated 2/23/26 and 2/26/26 An opened package of frozen items loosely wrapped by the plastic packaging and covered with foil without any label An unidentifiable frozen item in a clear bag dated 2/16/26. A clear bag containing unidentifiable items without a label. Aluminum foiled items loosely wrapped with cling wrap labeled turkey burger 2/3/26 Two clear zipper bags containing unidentifiable items dated 10/24/25 and 10/24/25 An unidentifiable frozen food item in a loosely tied storage bag without any label A clear bag containing frozen crinkle fries dated 1/17/26 A clear bag of frozen pasta shells dated 1/7/26 On 03/02/2026 at 11:59AM, Food Service Director stated stored food items found in the reach-in freezer should have been labeled with expired date and that they will need to reinforce and in-service the staff again on how to properly store and label open packaged foods. On 03/02/2026 at 12:45PM, Dietary [NAME] #1 was interviewed and stated that any opened packaged meats are properly wrapped and labeled with date of opening and expired/used by date. Any leftover prepared foods are rarely stored; however, if stored, it should be labeled and used within 48 hours. Dietary [NAME] #1 acknowledged that meat stored in the reach-in freezer should have been wrapped and labeled with used by date. They admitted that they missed labeling these items and it was an error on their part. On 03/02/2026 at 12:50PM, Dietary [NAME] #2 was interviewed who stated they are aware the process of proper packaging and labeling of opened food items includes labeling the used by date. Dietary [NAME] #2 further stated that they always follow this procedure, so they don't know why the listed items were found without the proper labeling.^ 10 NYCRR: 415.14(h)		

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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