STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335224	A. Building B. Wing	12/04/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
White Plains Center for Nursing Care, L L C	220 West Post Road White Plains, NY 10606

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44673 Based on observation, record review and interview during the recertification survey from 11/28/23 to 12/4/23, the facility did not ensure residents had the right to a dignified existence in a manner and in an environment that promoted maintenance or enhancement of quality of life for 1 of 5 residents (Resident #46) reviewed for dignity. Specifically, Resident #46 had a sign next to their bed stating walk me every day. Findings include: Resident #46 was admitted with diagnoses including but not limited to malignant neoplasm of the lung and acquired absences of the larynx. The annual Minimum Data Set (MDS) dated [DATE] documented Resident #46 had moderately impaired cognition and required limited assistance of one staff for ambulation. During observations on 11/28/23 at 3:09 PM, 11/30/23 at 1:00 PM and 12/1/2023 at 10:56 AM, the wall next to near the bed of Resident #46 had a sign which documented walk me every day and included a picture of staff assisting with ambulation. During an interview on 12/1/2023 at 3:28 PM the resident's family stated they did not put signup or give permission for staff to hang signs in Resident #46's room. During an interview on 12/1/2023 at 3:00 PM, Certified Nurse Aide (CNA) #1 stated the signs were there to alert staff to walk Resident #46. CNA #1 stated directions for resident care were also in the care card. During an interview on 12/1/2023 at 3:15 PM Licensed Practical Nurse (LPN) #1 stated the sign was placed in the resident room to remind the rehabilitation staff and the nursing staff to ambulate Resident #46. During an interview on 12/1/2023 at 3:39 PM, the Rehabilitation Director stated the signs were placed to remind Resident #46 that they should walk with staff. 10NYCRR 415.5 (a)

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: 335224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/04/2023

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45478 Based on observations, interviews, and record review conducted during the recertification survey from 11/28/23 to 12/4/23, it was determined the facility did not ensure maintenance services necessary to maintain a safe, clean, comfortable and homelike environment were provided for 1 of 1 resident (Resident #40) reviewed for environment. Specifically, Resident #40's room had an accordion style bathroom door that was falling off the track. The findings are: The policy titled Maintenance effective 10/2017, documented to ensure that necessary work was completed on a timely basis and that appropriate records of all work were maintained. The maintenance logbook dated 7/10/2022, documented room [ROOM NUMBER]/216 toilet door was still broken. The maintenance logbook dated 3/17/2023, documented room [ROOM NUMBER]-bathroom door was broken and falling down. During observations on 11/28/2023 at 12:55 PM and 11/30/2023 at 12:51 PM, the bathroom door on the side of room [ROOM NUMBER] was broken and hanging off the track. During an interview on 11/28/2023 at 12:58 PM, Resident #40 stated the accordion style bathroom door had been broken for at least a year. During an interview on 12/04/2023 at 10:57 AM, Licensed Practical Nurse (LPN) #2 stated they never noticed the bathroom door in room [ROOM NUMBER] was broken. During an interview on 12/04/2023 at 11:33 AM, Registered Nurse (RN) #1 stated they knew the bathroom door in room [ROOM NUMBER] was broken. RN #1 stated information regarding the broken accordion style bathroom door was entered in the maintenance logbook. During an interview on 12/01/2023 at 12:34 PM, the Environmental Services Director stated they were unsure why the bathroom door in room [ROOM NUMBER] was not fixed. 10NYCRR415.11(c)(1)

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NAME OF PROVIDER OR SUPPLIER White Plains Center for Nursing Care, L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 220 West Post Road White Plains, NY 10606	

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F 0676 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48045 Based on observations, interviews, and record review during the recertification survey from 11/28/23 to 12/4/23, the facility did not ensure a dependent resident was provided with appropriate treatment and services to maintain or improve their mobility for 1 of 1 resident (Resident #65) reviewed for Activities of Daily Living (ADLs). Specifically, nursing staff did not ensure Resident #65's progressive mobility was maintained in accordance with the providers orders and professional standards. The findings are: Resident #65 was admitted to the facility with diagnoses including but not limited to intracerebral hemorrhage, epilepsy, and chronic obstructive pulmonary disease. A review of the quarterly Minimum Data Set (MDS- a resident assessment tool), dated 10/1/23, documented Resident #65 was severely cognitively impaired, had impairment of both upper and both lower extremities, and required assistance for mobility and transferring. A current provider order initiated 3/1/23 document Resident #65 was to be out of bed to their geri-chair, and out of bed with the assistance of two persons and a mechanical lift. A physical therapy assessment dated [DATE], documented Resident #65 was to be out of bed to their geri chair with the assistance of two staff and a mechanical lift. During observations on 11/28/23 at 10:09 AM and 12:16 PM, 11/29/23 at 11:51 AM, 11/30/23 at 2:59 PM, and 12/01/23 at 9:16 AM, Resident #65 was in their bed in a hospital gown. During an interview on 11/30/23 at 3:08 PM, Certified Nurse Aide (CNA) #2 stated Resident #65 had not been out of bed this week. CNA #2 stated the facility did not have a schedule to get residents out of bed and the last time they remembered Resident #65 being out of bed was a week ago. During an interview on 12/1/23 at 12:28 PM, the Director of Nursing (DON) stated Resident #65 should be out of bed daily and stated there was no formal system in place to ensure staff were getting residents out of bed. 10NYCRR 415.12(a)(2)

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37658 Based on observations, interview, and record review, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Specifically, 1. Two heavily soiled circulation fans were in use, one in a food production area and one at the clean side of the dishwasher, 2. a. kitchen staff used their bare hand to retrieve a piece of aluminum foil that had fallen into a pan of chicken and gravy, and b. a soiled and peeling food cart was in use for holding cooked foods, 3. 1 of 3 nourishment refrigerators contained multiple unlabeled and expired food items, 4. a. For 2 of 2 microwaves for use on the resident units ([NAME] and Maple Avenue), there were no thermometers available to check food temperatures and b. for 1 of 2 microwaves (Maple Avenue) there were no procedures/guidance posted and no thermometer available to ensure monitoring for safe food temperatures, and 5. Dietary staff did not follow safe food handling procedures while recording food temperatures. The findings are: During the initial tour of the kitchen on [DATE] at 10:24 AM and follow up kitchen and pantry observations, the following were observed: 1) On [DATE] at 11:04 AM a food preparation (prep) table was observed in a storage room containing dry goods, frozen foods/freezer, and refrigerated food/refrigerators. A large fan was observed on the wall directly above the prep table, the fan was in use, and the fan grill and blades were observed to be heavily soiled with an accumulation of dust. During a follow up observation conducted on [DATE] at 12:14 PM, Dietary Aide #1 was observed working on the storage room prep table portioning a fruit dessert for the residents. The large black fan was in use and remained heavily soiled with an accumulation of dust on the fan grill, and the fan blades were soiled a black-ish colored grime. In an interview at that time, Dietary Aide #1 stated they did not check the cleanliness of the fan. In an interview on [DATE] at 12:20 PM, the Food Service Director stated the fan was dusty, they should not prepare food under the dusty fan, and the dust could get in the food and contaminate the residents' food. The Food Service Director stated that maintenance was responsible for cleaning the fan. During an observation and interview on [DATE] at 12:38 PM, maintenance worker #1 (MW #1) and surveyor observed the soiled storeroom fan. MW #1 stated their procedure was to check the fan monthly and clean if dirty. At that time, surveyor and MW #1 walked the kitchen and observed an additional large circulation fan in use which was blowing air on the cleaned and sanitized equipment side of the dishwasher. The dishwasher fan's grill was heavily soiled with an accumulation of dust, and the fan blades were soiled with black-ish colored grime. MW #1 stated they were responsible to check the fan monthly and clean if dirty. MW #1 offered no explanation as to why the fans had not been cleaned timely. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on [DATE] at 12:48 PM, The Director of Environmental Services stated that the fans were last cleaned on [DATE]. The Director of Environmental Services produced a weekly log titled Kitchen/Dining Room - Exhaust Fan, Vents, and Fans dated November. The weekly log documented that the dishwashing area and back storage room fans had been cleaned and were working properly for the first two weekly audits of November dated [DATE] and [DATE]. The third week audit was completed and undated, and the fourth week audit was not completed. An undated policy titled Kitchen/Dining Room Exhaust Fans which documented that the dietary department must inspect and document daily that the fan is cleaned, and that the Director of Environmental Services and/or designee would document and monitor the exhaust fan monthly and/or as needed. 2. (a) On [DATE] at 11:21 AM a food prep cart was observed in the cook's area holding pan #6 was covered with aluminum foil and contained chicken and gravy pan. Cook #1 opened the foil on pan #6 and a small piece of aluminum foil fell into the pan. Cook #1 reached their bare hand into pan #6 to remove the piece of aluminum foil. In an interview at that time, Cook #1 stated that they should have put on a glove before removing the foil to prevent the risk of food contamination. (b) The food prep cart was observed with peeling, plastic surfaces. In an interview at that time Cook #1 stated they did not know if the peeling plastic surfaces were safe to hold/serve food from. In an interview on [DATE] at 11:33 AM, the Food Service Director stated that once the cart surfaces start losing their glaze and stuff starts coming up, it was not good. The Food Service Director stated that anything that was peeling or loose could get into the food. 3. During observations of the nourishment pantries and refrigerators on [DATE] between 11:15 AM - 12:01 PM the following were identified: The 1st floor Post Road unit nourishment refrigerator contained multiple expired items including: - An opened, undated, and unlabeled 8.5 oz. bottle of Deli dressing with a use by date of [DATE]. - An opened 12 oz. bottle of Honey Mustard with a use by date of [DATE]. - An opened, undated, and unlabeled 15 oz. bottle of Mayonnaise with a best by date of [DATE]. - An unopened, undated, and unlabeled 5.5 oz. bottle of Mayonnaise with a best used by date of [DATE]. - An opened, undated, and unlabeled 24 oz. bottle Pancake syrup with no manufacturers expiration date or use by date on the label. In an interview on [DATE] at 11:31 AM, the Licensed Practical Nurse (LPN #3) stated they did not know who the items belonged to. In an interview on [DATE] at 11:33 AM, the Food Service Director stated that the dietary department is responsible for discarding expired food items, and they would discard the items. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	4. (a) During an observation of the 2nd floor (Maple Avenue) pantry on [DATE] at 11:40 AM a microwave was observed. A policy dated ,d+[DATE] and titled Microwave Reheating was posted in the pantry and documented that foods reheated in a microwave were to be reheated to 165 degrees, stirred, covered, and allowed to stand for 2 minutes as a safeguard against foodborne illness, and a thermometer should be used to verify final reheated temperatures. No thermometer was found in the pantry. In an interview on [DATE] at 11:47 AM, LPN #4 stated there was no thermometer for checking the microwaved foods, and they knew the warmed food was a safe temperature for the resident by touching the top of the plate cover. (b) During an observation of the first floor [NAME] unit nourishment pantry on [DATE] at 11:53 AM a microwave was observed. There was no written guidance found for use of the microwave. No thermometer was found in the pantry. In an interview on [DATE] at 11:55 AM, LPN #3 stated that they did not see a thermometer to use after microwaving food. When asked how they determine a safe food temperature for the residents' reheated food, LPN #3 stated they would heat the food on a low time, about 15 seconds. 5. On [DATE] at 12:08 PM during an observation of food temperature monitoring the Food Service Director wiped a thermometer probe with a pink cloth, then placed the thermometer probe into a pan of chopped broccoli. The Food Service Director then proceeded to wipe the thermometer probe with the pink cloth and place the thermometer probe into a pan of yellow rice. The Food Service Director continued to repeat this procedure for chicken, mashed potato, pureed broccoli, and chopped fish. In an interview at that time, the Food Service Director stated they knew they should have used alcohol wipes to sanitize the thermometer probe. 10NYCRR 415.14 (h)