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	09/15/2025

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and interview conducted during a Recertification Survey the facility did not ensure food was stored in accordance with professional standards for food service safety. Specifically, undated and unlabeled food items were observed in multiple freezers and refrigerator/s. The findings are;The facility policy Food Dating and Labeling dated 01/01/2023 documented all dining services employees shall enforce food safety by properly dating and labeling of all food items. Upon delivery all food items must be labeled with date received. In addition to food products being dated upon delivery, items will be dated when container is opened if not used in entirety.During an initial tour/observation of the kitchen on 09/09/2025 at 8:28 AM the refrigerator in the main kitchen contained a package of sliced cheese and a large container of applesauce that were not dated or labeled. The meat freezer contained unlabeled and undated chicken (two packages), rib meats, two sleeves of hamburger meat, a pork loin and pork chops. An adjacent freezer had undated and unlabeled packages of waffles, potatoes and buttered bread slices. A storage shelf next to the freezers had ten bags of cookies without labels. During an interview on 09/09/25 at 08:28 AM Food Service Worker # 22 stated they had no idea why the foods did not have proper labels and dates. They stated all foods in the kitchen refrigerators and freezers needed to have labels and dates in order to determine how long the foods had been there. Thet stated the bags of cookies needed to include the date they were prepared and a label with the type of cookie for allergy reasons.During an interview on 09/09/25 at 2:34 PM the Food Service Director stated they were responsible for everything in the kitchen. They stated foods needed to be labeled to prevent the potential for illness. They stated they conducted frequent staff in service about food label/dates. They stated foods should be dated when delivered and put in the refrigerators and freezers. They stated staff needed constant reminders. 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

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	09/15/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observation and interview during the recertification survey indicated that the facility did not provide residents with a clean, comfortable, and homelike environment. Specifically, multiple resident rooms showed signs of maintenance issues, including spackle and chipped paint, stained and sticky floors, an unpleasant odor, missing blinds, cabinets with chipped paint, black streaks on doors, and a white tint on a window. Furthermore, there was damage to the left armrest of Resident #74's wheelchair, and the wheelchair/seat cushion were soiled with white particles. The findings include:The Maintenance Policy last revised 10/2024 documented the purpose was to establish procedures for reporting, prioritizing, and resolving maintenance and repair needs in the facility, ensuring a safe and well-maintained environment for residents, staff, and visitors.The Wheelchair and Geri-Chair Cleaning Policy last revised 9/2025 documented the purpose is to remove dirt and dust for the purpose of infection control, to ensure proper operation of the equipment and to provide the resident with a sanitary and pleasant environment. A monthly calendar will be created by the Director of Environmental Services for routine and scheduled cleaning of all wheelchairs, also including any immediate cleaning needs.During an observation on 09/09/2025 at 09:02 AM, Resident #7's room had spackle and chipped paint behind the beds and dry brownish stains on the floor between both beds. The floors were sticky.During an observation on 09/09/2025 at 09:02 AM, 09/10/2025 at 10:03 AM, 09/11/2025 at 9:43 AM and 09/11/2025 at 12:25 PM, the second-floor unit had a strong stale pungent odor.During an interview on 09/9/2025 at 09:30 AM, Resident #27 stated they would like a blind for the small thin window in their room because the sun often shined in on their face. They stated in March of 2025 when they were admitted , they told maintenance about the window, and the facility tried to fix it with the plastic covering. Resident #27 stated the white plastic did not help shade the sun and that they told maintenance they still needed a blind for the window. During an observation on 09/10/2025 at 9:17 AM, Resident #3's room radiator was dirty and had chipped paint. On the right side of the window the wall was peeling and bubbling. The small center piece of the window was hanging and loose. The paint on the room door was chipped with black streaks, and the cabinets had chipped paint on the drawers.During an observation on 09/11/2025 at 08:45 AM and 09/11/2025 at 12:25 PM, the left armrest on Resident #74's wheelchair was peeling and ripped. The wheelchair and seat cushion were soiled with white particles.During an observation on 09/11/2025 at 12:43 PM, Resident #27 had a white tinted plastic over the window.The Wheelchair Cleaning schedule for August 2025 documented Resident #74 wheelchair was last cleaned on 8/16/25.The work order logs from January 2025 to September 2025 were reviewed for the [NAME] Unit, the Post Road Unit and the Second Floor Unit. There was no documented evidence of the following observed items in the logs. There was no documented evidence of a need for repair or that repairs had been done. During an interview on 09/12/2025 at 10:45 AM, Certified Nurse Aide #4 observed Resident #74 sitting in the dining room at an arts and crafts activity, the wheelchair was dirty with white particles on it and the wheelchair cushion was soiled with white particles and stains. Certified Nurse Aid #4 stated they did not see the wheelchair earlier that day and did not notice the wheelchair was dirty. During an interview on 09/12/2025 at 10:53 AM, Registered Nurse # 3 stated wheelchairs were cleaned overnight, and housekeeping had a rotating schedule for cleaning wheelchairs. They further stated if a wheelchair was noticeably dirty and needed to be cleaned outside the cleaning schedule, the certified nurse aides were to report it to nursing. During an interview on 09/12/2025 at 11:15 AM, the Maintenance Worker stated they were aware of Resident #27's request to have a thin blind put on the window in their room. They stated when they replaced the window a few months ago they removed all the blinds and Resident #27 asked for a blind, so they put up white tinted plastic to help shade the window and the resident did not like that. The Maintenance Worker stated they did not replace the blind because they (continued on next page)

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	09/15/2025

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	worked alone, and other projects were a priority. The Maintenance Worker stated they were down a Maintenance Worker for the department. The Maintenance Worker stated Resident #74 and Resident #7 rooms had areas that needed to be addressed and further stated other projects took priority.During an interview on 09/15/2025 at 09:50 AM, the Director of Environmental Services stated they had only been working at the facility for 3 months and were short staffed, as they were missing 1-2 staff members for the department. The Director of Environmental Services stated they had multiple things they were responsible for central supply, housekeeping, laundry and maintenance. The Director of Environmental Services stated they never hired a floor buffer so housekeeping staff that knew how to use the buffer would take on the extra task. The Director of Environmental Services stated Resident #74's wheelchair was cleaned last month on 8/16/25 and they were not aware the wheelchair was dirty and needed to be cleaned. The Director of Environmental Services stated they had staff that came in from 8-11 PM to clean wheelchairs based on the monthly wheelchair schedule and they also cleaned wheelchairs on request. They stated wheelchairs/cushions were cleaned at the same time. They stated they never smelled odors on the second floor and did not see that the floors needed to be cleaned.During an interview on 09/15/2025 at 2:19 PM, the Administrator stated they had not changed the number of staff working in the housekeeping and maintenance department. The Administrator stated for the most part they felt the facility was clean and things were being repaired. The Administrator stated the second floor needed a total renovation.During an interview on 09/15/2025 at 4:00 PM Certified Nurse Aide #12 stated Resident $74's wheelchair looked good and there was nothing wrong with it. They further stated they never saw Resident #74 wheelchair soiled and never noticed the wheelchair armrest ripped and peeling. During an interview on 09/15/2025 at 4:06 PM Licensed Practical Nurse #3 stated Resident #74's wheelchair was sent down to the basement on 09/12/2025. Licensed Practical Nurse # 3 stated they only noticed the chair was dirty and the armrest was ripped the day they sent it downstairs. 10 NYCRR 483.10(i)(2)

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	09/15/2025

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. Based on observation, record review and interviews during the recertification survey the facility did not ensure care was provided in a manner to maintain dignity and privacy for one (1) of (2) two residents (Resident #4) reviewed for dignity. Specifically, Resident #4 was observed undressed in bed with their body fully exposed and visible from the hallway. The findings include:The policy and procedure titled Resident Dignity and Privacy Policy last revised 03/17/2025, documented assist residents in grooming with full respect for their privacy and dignity. Visual privacy during activities of daily living care should be maintained at all times.Resident #4 was admitted to the facility with diagnoses including hemiplegia, aphasia and non-Alzheimer's dementia. The 07/13/2025 Minimum Data Set (resident assessment) documented Resident #4 had severely impaired cognition received substantial staff assistance with toileting hygiene, rolling left to right and showers/baths and was dependent on staff with chair to bed transfers. The 10/06/2019 comprehensive care plan titled Preferences documented Resident #4 would be clean/dry and dressed appropriately.The 06/22/2020 comprehensive care plan titled Communication documented meet and anticipate all resident needs.During observation on 09/10/2025 at 09:06 AM and 09:47 AM Resident #4 was awake in bed with their room door open. Resident #4 was undressed, and their body was fully exposed and visible from the hallway. Resident #4's privacy curtain was not drawn around the bed. Staff members and other residents were observed passing by the resident's room. During an interview on 09/11/2025 at 10:38 AM Certified Nurse Aide #17 stated they usually checked on Resident #4 several times during their shift, specifically at the beginning of the shift and after breakfast. Certified Nurse Aide#17 stated Resident #4 often removed their gown. Certified Nurse Aide #17 stated on the morning of 09/10/25, they did not observe whether Resident #17's privacy curtain was drawn, whether Resident #17 was without a gown, or whether the room door was open. Certified Nurse Aide #17 stated they received resident dignity education but could not recall when.During an interview on 09/11/2025 at 11:08 AM Registered Nurse #3 stated in order to maintain resident privacy and dignity during the provision of care, staff must ensure the privacy curtain was drawn around the resident's bed and the door remained closed. Registered Nurse #3 stated when care was not being provided, the privacy curtain should still be drawn around the resident's bed. 10 NYCRR 415.5 (a)

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	09/15/2025

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview during the recertification survey the facility did not ensure the residents right to personal privacy, including the right to promptly receive a package delivered to the facility for the resident, including those delivered through a means other than a postal service for one (1) of three (3) residents (Resident #33) reviewed for choices. Specifically, 1) the facility did not promptly deliver a package within 24 hours to Resident #33 after it had been shipped to and received by the facility.The findings include:The undated policy and procedure titled Mail Delivery documented the facility will ensure that all mail and packages are delivered to the appropriate recipient in a timely, correct and efficient manner. Resident #33 was admitted to the facility with diagnoses including peripheral vascular disease, heart failure and diabetes mellitus.The 06/11/2025 Minimum Data Set (resident assessment) documented Resident # 33 had intact cognition.During observation and interview on 09/09/2025 at 10:50 AM Resident #33 stated they ordered a device, as recommended by their physician, to help manage leg swelling. Resident #33 stated they had been waiting for the package to be delivered for a long time. Resident #33 stated when they contacted the shipping company, they learned their package had been delivered to the facility on [DATE]. Resident #33 stated they asked staff whether the package had been received, but no one responded to their inquiry. Resident #33 stated they called the facility front desk twice during the previous week and were told their package had not arrived. During an interview on 09/10/2025 at 11:47 AM the Recreation Director stated their department distributed all resident packages when they were delivered to the facility, with the exception of medical supplies. The Recreation Director stated medical supplies were received and distributed to units by the Administrative Assistant. The Recreation Director stated they checked downstairs 09/10/2025 and located Resident #33's package in the business office. During an interview on 09/10/2025 at 03:00 PM Resident #33 stated on 09/10/2025 recreation staff brought the package to them.During an interview on 09/10/2025 at 03:49 PM the Receptionist stated all packages were delivered either through the front entrance or if the packages were big, through the back entrance. They stated packages delivered to the back entrance were to be placed across the hall from the housekeeping office, after which either housekeeping or a social worker may bring them to the front desk. The Receptionist stated a package for Resident #33 arrived on Monday, 09/08/2025 but they did not see it at that time. They stated Resident #33 reached out to them twice on 09/09/2025, to check on the arrival of their package. They stated no one answered the phone in the recreation department and because they were busy, they had not followed up with anyone regarding the package.During an interview on 09/11/2025 at 10:17 AM the Administrative Assistant stated all packages entered the facility through the back door, where they were signed for by dietary, housekeeping, or administration staff and stored in the hallway. The Administrative Assistant stated they received a package for Resident #33 last week and placed it in the business office. They stated they planned to follow up.10 NYCRR 415.3

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	09/15/2025

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Based on observation, record review and interviews during the recertification survey the facility did not ensure that needed equipment was provided to assure that residents with limited range of motion and mobility maintained or improved function based on the residents' clinical condition for one (1) of (4) residents (Resident # 50) reviewed for position and mobility. Specifically, Resident #50 was observed on three occasions without the use of a physician prescribed left elbow extension splint and left-hand roll. The findings include:The policy and procedure titled Use of Positioning Devices for Residents last revised 01/2025, documented proper use of positioning devices is essential to support resident independence and mobility. Nursing staff are responsible to implement care plans, perform skin assessment, apply and monitor devices, document care provided. Resident #50 was admitted to the facility with diagnoses including cerebrovascular accident, hemiplegia and non-Alzheimer's dementia.The comprehensive care plan titled Contractures/Actual last updated on 11/15/2023 documented use a left elbow extension splint and hand roll, as per physician order. The 10/29/2025 physician order documented apply a left elbow splint during the day shift and remove for activities of daily living, passive range of motion and skin checks.The 10/29/2025 physician order documented apply a left-hand roll at all times and remove for activities of daily living, passive range of motions and skin checks.There was no documented evidence in the comprehensive care plan to address refusal of the left elbow extension splint and hand roll. The 06/27/2025 Minimum Data Set (resident assessment) documented Resident # 50 had moderately impaired cognition. During observations and interview on 09/09/2025 at 09:19 AM, 09/10/2025 at 09:37AM and 09/11/2025 at 01:26 PM Resident #50 was in bed. Resident #50 did not have a left-hand roll and left elbow splint in place. Resident #50 stated staff needed to put a hand roll and elbow splint on for them to wear, but they had not done that. During an interview on 09/11/2025 at 01:28 PM Certified Nurse Aide #16 stated they were aware Resident #50 was to wear a left-hand roll and left elbow splint during the day. Certified Nurse Aide #16 stated at times Resident #50 refused to wear the elbow splint and left hand-roll and they reported that to the nurse. During an interview on 09/11/2025 at 01:46 PM Registered Nurse #3 stated Resident #50 was supposed to wear a left elbow splint and left-hand roll during the day. Registered Nurse #3 stated at times Resident #50 refused to wear devices and the staff tried to encourage the resident to wear them. Registered Nurse #3 stated they did not document Resident #50's refusal to wear devices. Registered Nurse #3 stated they were aware of the need to report Resident #50's refusal to wear the splint and hand roll to the physician and rehabilitation therapy, but they had not reported.During an interview on 09/15/2025 at 03:46 PM the Rehabilitation Director stated Resident #50 was admitted with left-sided hemiplegia and contractures in the left elbow and hand. They stated the use of splints helped slow the progression of contractures, whereas not wearing splints may accelerate the progression of the existing contractures. They stated according to staff Resident #50 had a limited tolerance for wearing splints for extended periods during the day. 10 NYCRR 415.12(e)(2)

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	09/15/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on record review and staff interview during the Recertification Survey the facility did not ensure that they adequately maintained an infection control program designed to provide a safe and sanitary environment for one (1) of two (2) residents (Resident #3) reviewed for pressure ulcers and that a Legionella sampling and water management plan for its potable water system was adopted and implemented. Specifically, (1) Registered Nurse #3 touched surfaces and then without performing hand hygiene handled guaze that was used to clean Resident #3's wound and (2) the facility did not provide a water management and sampling plan at the time of survey. The findings include: The infection and prevention control program policy dated 02/20/2025 documented the facility will establish and maintain an infection prevention and control program under which it prevents, identifies, reports, investigates, and controls the spread of infections and communicable diseases in the facility. (1) Resident # 3 was admitted with diagnoses including but not limited to hypertension, hyperlipidemia, and traumatic subdural hemorrhage. The 06/02/2025 Significant Change Minimum Data Set (an assessment tool) documented Resident #3 had severely impaired cognition, was dependent for bed mobility, and had one unhealed pressure ulcer that was not present on admission. The 08/13/2025 physician order documented pressure ulcer of the buttocks/sacral area. Cleanse with normal saline, pat dry, apply a duoderm hydrocolloid dressing and Medi-honey every shift and as needed. During an observation on 09/10/2025 at 9:45 AM Registered Nurse # 3 opened the medication cart, removed Medi-honey from the medication cart, and placed Medi-honey into a calibrated cup. Registered Nurse # 3 placed the Medi-honey back into the medication cart and closed the drawer. Without performing hand hygiene and without the use of gloves Registered Nurse #3 removed guaze from its packaging, placed one guaze into the calibrated cup and used a finger to push the guaze down into the calibrated cup. Registered Nurse #3 repeated this process two additional times. Registered Nurse # 14 poured normal saline into the calibrated cup which contained the guaze that had been placed by Registered Nurse #3 and proceeded to cleanse Resident #3's sacral wound. During an interview on 09/15/2025 at 1:41 PM, Registered Nurse # 3 stated they could not remember using hand sanitizer before they prepared the gauze and placed each into the calibrated cup. They stated if they did not use hand sanitizer, it was their error. Registered Nurse # 3 additionally stated they were in-serviced on proper set up for treatments. They stated hand hygiene should have been performed after they touched surfaces and before they touched and placed the guaze into the calibrated cup. During an interview on 09/15/2025 at 1:56 PM, Registered Nurse # 14 stated they did not observe Registered Nurse # 3 touch the guaze with their hand/s, without performing hand hygiene. They stated they would have discarded the gauze and started over. (2) There was no documented evidence of the facility's required annual Legionella assessment for the year 2024 and 2025 and the Water Management plan for the potable water system was missing and not provided at time of survey. (continued on next page)

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	09/15/2025

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility submitted legionella lab test results dated 01/13/2025 and the water sampling lab reports for the year 2024 were missing and not provided at time of survey. During the exit conference on 09/10/2025 at 1:30 PM, the Administrator stated the annual facility assessment and the water management plan were conducted, however the documents could not be located. 10 NYCRR 415.19(a) (1-3)

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	09/15/2025

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. Based on observation, record review and interview conducted during the recertification survey the facility did not ensure infection control prevention practices were maintained to prevent development and transmission of communicable diseases and infection for all residents. Specifically, there was no documented evidence of COVID-19 education, COVID-19 vaccination administration and/or COVID-19 declination for two (2) of ten (10) staff (Certified Nurse Aide #20 and Licensed Practical Nurse #21) reviewed for COVID-19 vaccination. The findings are:Review of staff immunization records revealed there was no documented evidence that Certified Nurse Aide #20 and Licensed Practical Nurse #21 were offered the COVID-19 vaccination, COVID-19 vaccination education, and that COVID-19 vaccination consent or declination had been signed. During an interview on 09/10/2025 at 12:07 PM the Director of Nursing stated they started obtaining consent/s for the COVID-19 vaccination last fall. They stated they also provided COVID-19 vaccination education and had staff sign declinations. They stated they were unable to provide documented evidence for Licensed Practical Nurse #21 and Certified Nurse Aide #20. During an interview on 09/10/2025 at 3:40 PM Registered Nurse #14 stated they were being trained and were new to the role of Infection Preventionist. They stated the records left behind by the previous Infection Preventionist were not orderly and needed to be set up better. 10NYCRR 415.19 (a)(1-3)