STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335232	A. Building B. Wing	05/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Upper East Side Rehabilitation and Nursing Center	211 East 79 St New York City, NY 10075

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Some	Post nurse staffing information every day. Based on observation, record review, and interviews, the facility failed to ensure that daily nurse staffing information was prominently posted at the beginning of each shift in a clear, readable format accessible to residents and visitors. This was evident during the review of the facility's sufficient and competent staffing task.The findings include:The facility policy and procedure titled Posting of Nursing Staffing, last revised December 2025, stated the facility shall post daily the number of licensed and unlicensed nursing staff directly responsible for resident care along with the resident census. The policy further indicated that this information should be posted on a bulletin board accessible to staff, residents, and visitors. During observations conducted from 05/03/2026 through 05/04/2026, the State Surveyor did not observe daily nurse staffing information posted in the lobby or on the nursing units in a location readily visible to residents and visitors. The staffing information was posted inside a vestibule on a bulletin board that was not readily accessible or visible to residents and visitors.On 05/04/2026 at 2:30 PM, the State Surveyor observed the nurse staffing posting with the facility's Staffing Coordinator. The nurse staffing information was posted inside a glass door vestibule adjacent to the elevator. The posting was not prominently displayed or readily accessible to residents and visitors. On 05/04/2026 at 2:24 PM, the Staffing Coordinator was interviewed and stated that daily staffing sheet was posted right by the elevators after the glass doors, in the vestibule. The Staffing Coordinator further stated that the posting was for staff and supervisors to review schedules, and that the night shift nursing supervisor posts the staffing information in the evening while the Staffing Coordinator posts it in the morning.On 05/04/2026 at 2:52 PM, the Director of Nursing was interviewed and stated that the nurse staffing information was posted daily by the elevators inside the glass door vestibule for the employees to view. They further stated that the Staffing Coordinator posts the information each morning prior to the night shift. The Director of Nursing stated they never thought that the daily nurse staffing had to be posted for residents and visitors, they believed it was intended only for staff. On 05/04/2026 at 3:10 PM, the Administrator was interviewed and stated that nurse staffing was posted in the vestibule next to the elevator for staff use. They stated the Staffing Coordinator would be instructed to relocate the postings to ensure accessibility and visibility for residents and visitors. 10 New York Codes, Rules and Regulations 415.13

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