STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335312	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Enclave at Rye Rehab and Nursing Ctr	1000 High St Port Chester, NY 10573

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Based on observation, record review and interview during the recertification survey, the facility did not ensure the development and implementation of comprehensive person-centered care plans for each resident, consistent with resident rights that included measurable objectives and time frames to meet a resident's needs for one (1) of two (2) residents (Resident #7) reviewed for anticoagulant medication. Specifically, Resident #7 was on an anticoagulant medication (blood thinner) and there was no documented evidence that a care plan to address risks and care related to the anticoagulant medication was developed and/or implemented. The findings include:The 11/2025 policy titled Care Planning documented resident care plans are developed according to the timeframes and criteria established by S483.21. Comprehensive, person-centered care plans are based on resident assessments and developed by an interdisciplinary team.Resident #7 had diagnoses which included saddle embolism (blood clot) of pulmonary artery (artery carrying blood from right ventricle of the heart to the lungs for oxygenation) without acute cor pulmonale, atrial fibrillation (abnormal heart rhythm), and deep vein thrombosis (blood clot in a vein deep below the skin).The 8/05/2025 Quarterly Minimum Data Set (resident assessment) documented Resident #7 was receiving anticoagulant medication.The 2/15/2024 physician order documented Eliquis (anticoagulant, blood thinner) 5 mg twice a day for pulmonary embolism.There was no documented evidence in the comprehensive care plan to address Resident #7's use of anticoagulant medication.The 11/04/2025 Quarterly Minimum Data Set (assessment tool) documented, Resident #7 was receiving anticoagulant medication.On 01/22/2026 at 10:34 AM during an interview, Resident #7 stated they were on Eliquis. They stated they had vaginal bleeding a few weeks ago and the doctor stopped the Eliquis for a few days. They stated they had an ultrasound test and were fine now.On 01/27/2026 at 3:15 PM during an interview Registered Nurse Unit Manager #1 stated they were responsible for writing the care plans for the 2nd floor units. They stated an anticoagulant care plan should have been in place for Resident #7 who was on Eliquis. On 01/28/2026 at 12:08 PM during an interview, Licensed Practical Nurse Unit Manager #4 stated they were responsible for updating care plans with new information. They stated that when Resident #7 had a vaginal bleed and the Eliquis was placed on hold, they should have updated the anticoagulant care plan. They stated that if they had proceeded to update Resident #7's anticoagulant care plan, they would have noticed there was no active anticoagulant care plan in place, and they would have notified Registered Nurse Unit Manager #1 or the Director of Nursing.10 NYCRR 415.11 (c)(1)

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
	335312	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Enclave at Rye Rehab and Nursing Ctr	1000 High St Port Chester, NY 10573

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, record review and interview the facility did not ensure each resident who was unable to carry out activities of daily living received the necessary care and services for one (1) of four (4) residents (Resident #165) reviewed for Activities of Daily Living. Specifically, Resident #165, who required dependent assistance with activities of daily living, was observed during multiple observations with fingernails that were long and ungroomed.The findings include:The policy and procedure titled Activities of Daily Living last reviewed on 09/01/2024 documented appropriate care and services will be provided for residents who are unable to carry out activities of daily living independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with hygiene (bathing, and grooming).Resident #165 was admitted to the facility with diagnoses including cancer, diabetes mellitus, legal blindness.The Minimum Data Set (resident assessment) dated 01/21/2026 documented Resident #165 was cognitively intact and needed substantial assistance from staff with personal hygiene and showers/bathing.The Comprehensive Care Plan titled Resident Required Assistance with Activities of Daily Living last updated on 01/29/2026, documented Resident #165 required substantial assistance of one person with personal hygiene, and shower/bathing.During observation and interview on 01/22/2026 at 12:53 PM and on 01/27/2026 at 9:14 AM, Resident #165's fingernails on both hands appeared long, with dark brown matter observed underneath the fingernails. Resident #165 stated that they would like their fingernails cleaned and trimmed but were unable to do so independently. Resident #165 stated that staff do not provide fingernail care. Resident #165 stated that their daughter trimmed and cleaned their fingernails during visits, but they could not recall the last time their fingernails were groomed.During interviews on 01/27/2026 at 9:44 AM and 11:41 AM, Certified Nurse Aide #11 stated that every time they provided assistance with personal hygiene, they paid attention to the resident's grooming needs, including fingernails that may be long or dirty. Certified Nurse Aide #11 stated that the last time they were assigned to Resident #165 was on 01/23/2026. They stated that at that time, they provided assistance with personal care but did not observe, clean or clip Resident #165's fingernails. Certified Nurse Aide #11 stated that they were responsible for clipping fingernails. During an interview on 01/27/2026 at 10:08 AM, Registered Nurse #13 stated that during their shift they saw Resident #165 multiple times a day, beginning with the initial rounds at 7:00 AM and during medication administration. Registered Nurse #13 stated they paid attention to Resident #165's physical appearance, including grooming and hygiene. Registered Nurse #13 stated they did not remember how Resident #165's fingernails looked today or during the previous week. Registered Nurse #13 stated that Certified Nurse Aides were responsible for resident's personal care, including cleaning and clipping fingernails.10 NYCRR 415.12 (a)(3)