STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335317	A. Building B. Wing	09/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Park Terrace Care Center	59 20 Van Doren Street Corona, NY 11368

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the Recertification and Abbreviated Survey (Intake #797338), the facility failed to ensure Resident #199's representative was informed about a bed bug infestation in the resident's room. This was evident for one (1) (Resident #199) of one (1) resident reviewed for Notification of Change out of 40 total sampled residents. The findings include:The facility policy titled Notification of Changes with a revised date of 05/2025 documented the intent of the policy was to provide appropriate and timely information about changes relevant to a resident's condition or changes in room to the parties who will make decisions about care, treatment, and preferences to address the changes.Resident #199 had diagnoses of Vascular Dementia, Type 2 Diabetes Mellitus, and Malignant Neoplasm of Colon.The Annual Minimum Data Set assessment dated [DATE] documented that Resident #199 had modified independence with their cognitive skills for daily decision making and a short/long-term memory problem.The Pest Elimination Division Service Requesting Log dated 06/10/2024 documented Resident #199's room had bed bugs.The Pest Control Service Report dated 06/10/2025 documented Resident #199's room was treated with Bedlam and Transport Mikron Pesticides for presence of bed bugs.There was no documented evidence that Resident #199's representative was notified.09/02/2025 at 2:18 PM, Resident #199's representative was interviewed and stated they were not notified of bed bugs in the resident's room. On 09/09/2025 at 12:05 PM, Registered Nurse #2 was interviewed and stated they were unaware Resident #199 had a past infestation of bed bugs in their room. Registered Nurse #2 stated when a resident has a bed bug infestation in their room, the Social Worker is responsible for notifying the family.On 09/09/2025 at 12:30 PM, the Director of Nursing was interviewed and stated the resident's family should be informed by their Social Worker when there is a bed bug infestation in the resident's room. The family is also encouraged to let the facility send out the resident's laundry so it can be washed in high temperatures in order to kill the bed bugs. On 09/09/2025 at 1:04 PM, the Director of Social Work was interviewed and stated either nursing or Social Service department notifies the family if bed bugs are present in a resident's room. They stated that at the time Resident #199 had bed bug infestation in their room, the social services department was short of a staff member, and they were covering 4 floors. However, the Director of Social Work stated this communication would not necessarily be documented in the progress notes. 10 NYCRR 415.3(d)(2)(ii)(c)

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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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, record review, and interviews, during the Recertification and Abbreviated Survey (Intake #797338), the facility failed to provide a clean, comfortable and homelike environment for the residents. Specifically, housekeeping and maintenance services were not maintained in Unit 4. The findings include: The facility's General Maintenance Policy with a revised date of 10/2024 stated the purpose of the policy is to ensure that the facility's premises, equipment, and systems are maintained in a clean, safe, and functional condition, promoting a safe environment for residents, staff, and visitors. 1.During environmental rounds with the Housekeeping Director on 09/05/2025 and multiple observations in Unit 4 on 09/08/2025, the following were observed: room [ROOM NUMBER] - The wall baseboard had peeling paint. room [ROOM NUMBER]- The top of the air conditioning unit was very dirty, with peeling black and white paint. The baseboard had peeling paint. And the bathroom floor had dirt in between the tiles. room [ROOM NUMBER]- The window was dirty, and the baseboard had brown stain. The air conditioning unit had a lot of dirt. room [ROOM NUMBER]- The air conditioning unit had a gray duct tape on top. room [ROOM NUMBER]- The air conditioning unit had a brown tape on top. room [ROOM NUMBER]- There were peeling paint on the wall and dirty baseboard by the window. room [ROOM NUMBER] – The window baseboard had a lot of dirty brown spots. room [ROOM NUMBER]- The bathroom entrance had lots of dirty black stains and there was black dirt on the bathroom door. room [ROOM NUMBER]- There was a black dirt on the air conditioning unit and in the corner near the bathroom. room [ROOM NUMBER]- There were black stains at the bathroom entrance and black peeling paint at the window baseboard and the air conditioning unit. room [ROOM NUMBER]- There was a peeling paint by the air conditioning unit and wall baseboard. room [ROOM NUMBER]- There was a dirty white peeling paint on top of the air conditioning unit and window baseboard. room [ROOM NUMBER]- There were lots of dirt by the window baseboard and the air conditioning unit. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	room [ROOM NUMBER]- The bathroom entrance and under the sink had lots of dirt and rusty black color with a sticky floor. room [ROOM NUMBER] – The bathroom heater had rusty brown color. The resident's training bathroom and shower room had lots of dirt in between the floor tiles. During an interview on 09/09/2025 at 10:51 AM, the Housekeeping Director stated that they will give an in-service education to all the housekeeping staff about room cleaning. They stated that all baseboards need to be cleaned and that the water for mopping the floor must be changed more often. The Director stated that the findings were well noted and that next year, the unit will be spotless. 2. During multiple observations from 09/02/2025 through 09/05/2025, the following were observed in room [ROOM NUMBER]: There was a brownish grime on the floor towards front of wardrobe closet D. There was dirt on the floor in between wardrobe closets B & C, where the baseboards and floor meet. There was also a large brown, round stain observed on the ceiling near the windows. On 09/05/2025 at 10:15 AM, Housekeeper #3 was interviewed and stated they will ask the [NAME] to move the wardrobe closets in order to clean the brown grime on the floor. They were unable to explain why the buildup of grime was not cleaned prior. On 09/09/2025 at 10:03 AM, the Housekeeping Director was interviewed and stated closets are bolted to the wall and maintenance can unbolt for the housekeeper to clean the grime from the floor. The housekeepers are instructed to pay attention to the edges and corners on the floors as they mop. They stated they have a foam spray that is designated for cleaning baseboards. The Housekeeping Director also stated there is no excuse why the floors near the wardrobe closets and baseboard areas were not cleaned properly. On 09/09/2025 at 10:45 AM, the Director of Maintenance was interviewed and stated there was a leak on the floor above from the last winter. The leak was fixed but they still have to prime and paint the stained area. The Director of Maintenance also stated they were unaware of the ceiling stain. On 09/09/2025 at 1:23 PM, the Administrator was interviewed and stated there are daily environmental rounds where the Housekeeping and Maintenance Directors check areas for cleanliness and any repairs needed. The Administrator stated other staff should report areas that need attention as well. 10 NYCRR 415.5(h)(2)

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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 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, the facility failed to ensure that residents receiving enteral feeding received appropriate care and services to prevent complications of enteral feeding. This was evident for three (3) (Residents #137, #41, and #52) out of 25 residents reviewed for medication administration task. Specifically, licensed nurses did not appropriately verify placement of gastrostomy tube prior to administering medications and enteral feeding. The findings include: The facility policy titled Medication Administration with a last revised date of 05/2025 documented when administering medications via enteral route, placement must be checked by introducing air and listen to gurgling sound using a stethoscope. The facility policy titled Gastrostomy Tube Feeding with a last revised date of 01/2025 documented placement of tube must be checked prior to administration of tube feeding. 1. Resident # 137 had diagnoses of Gastrostomy status, Dysphagia, and Malnutrition. The Significant Change in Status Minimum Data Set assessment dated [DATE] documented that Resident # 137 had a feeding tube. A physician's order dated 08/19/2025 documented a tube feeding administration order of Glucerna 1.5 to be administered at a rate of 60 milliliters per hour for 24 hours. The start time was at 4:00 PM. The formula amount per feeding is 1000 milliliters. During medication administration observation conducted on 09/05/2025 at 3:50 PM, Licensed Practical Nurse #5 was observed checking the gastrostomy tube placement by injecting about 50 cc of air into the resident's feeding tube and then auscultating for sounds. Licensed Practical Nurse #5 stated a gurgling sound was heard. On 09/05/2025 at 4:06 PM, the Inservice Coordinator was interviewed and stated they do not know that the appropriate means to check placement of the gastric tube is by aspirating gastric content. They stated they have been injecting air into the stomach and listening for gurgling sound. 2. Resident #41 had diagnoses of Gastrostomy status, Dysphagia, and Parkinsonism. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #41 had a feeding tube. A physician's order dated 08/12/2025 documented a tube feeding administration order of Jevity 1.5 to be administered at a rate of 75 milliliters per hour for 24 hours. The start time is at 4:00 PM. The formula amount per feeding is 1000 milliliters. During a medication administration observation conducted on 09/04/2025 at 1:14 PM, Registered Nurse #1 administered medications to Resident #41 via gastrostomy tube. Registered Nurse #1 checked the placement of gastrostomy tube by introducing air and auscultating with a stethoscope. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/04/2025 at 2:39 PM, Registered Nurse #1 was interviewed and stated they were instructed to introduce air and listen to gurgling sound using a stethoscope to ensure placement in the stomach. Registered Nurse #1 also stated they were not instructed to verify tube placement buy checking for gastric residual volume. 3. Resident #52 was admitted to the facility with diagnoses that included Diffuse Traumatic Brain Injury with loss of consciousness of unspecified duration sequela, Gastrostomy status and Unspecified protein-calorie malnutrition. The admission Minimum Data Set assessment dated [DATE] documented that Resident #52 had severely impaired cognition, had no swallowing disorder and received 51 percent or more of feedings and 501 milliliters or more of fluids through a percutaneous endoscopic gastrostomy tube. The physician's orders for Resident #52 included Jevity 1.5, 1000 milliliters to be administered at a rate of 65 milliliters per hour with a start time of 4:00 PM. On 09/04/2025 at 4:01 PM, Licensed Practical Nurse #2 administered Resident #52's enteral feeding. The Licensed Practical Nurse verified the gastrostomy tube placement by introducing air to the resident's stomach and assessed the abdomen with a stethoscope; the Licensed Practical Nurse stated they heard a gurgling sound. During an interview on 09/04/2025 at 4:20 PM, Licensed Practical Nurse #2 stated that feeding tube placement must be checked by gastric residuals, however, they stated that the resident had not been fed since this morning so there was no need to check for residuals. On 09/09/2025 at 12:45 PM, the Director of Nursing was interviewed and stated nurses are instructed to check the placement of the gastrostomy tube by auscultating and listening for gurgling sound. They stated they changed the policy last week and started doing competencies and in-services on checking residuals by aspirating gastric contents. The Director of Nursing further stated checking for placement is not documented in the physician orders as it is considered a standard of care. 10 NYCRR 415.12(g)(2)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations, record review, and interviews, the facility failed to provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This was evident during kitchen observation and in five (5) (Units 2, 3, 4, 5 and 6) of five (5) units observed. Specifically, ripped chairs were observed in the dining rooms in all units, dust accumulations were observed in the kitchen, and dirty floors and walls were observed in Unit 4, along with corroded metal cabinet. The findings include: The facility's General Maintenance Policy with a revised date of 10/2024 stated the purpose of the policy is to ensure that the facility's premises, equipment, and systems are maintained in a clean, safe, and functional condition, promoting a safe environment for residents, staff, and visitors. 1. During environmental rounds on the 4th floor from 09/05/2025 at 3:26 PM, and 09/08/2025 at 11:22 AM, the following were observed: 1. The floor in the unit dining room were embedded with black colored substance, dirt, and debris. 2. The medication room had brown stains on the floor and was very sticky. 3. The metal filing cabinet in the medication room had rusty brown color. 4. The wall baseboard in the nurses' station had accumulation of black stain. 5. The floor along the edges in the hallway by the elevator had a lot of black colored substance, dirt and debris. 6. The paint in the nurses' station were peeling. 7. The unit day room had lots of black dirt on the wall base. 8. The hallway by the elevator also had dirty wall base. On 09/09/2025 at 1:23 PM, the Administrator was interviewed and stated there are daily environmental rounds where the Housekeeping and Maintenance Directors check areas for cleanliness and any repairs needed. The Administrator stated other staff should report areas that need attention as well. 2. During kitchen observation on 09/02/2025 from 9:50 AM to 10:09 AM, the refrigerator coil was noted with accumulated dusts, also on the food shelves and the large fan. 3. During observation from 09/02/2025 – 09/08/2025, the chairs in the dining rooms in Unit 2, 3, 5, and 6 were noted with ripped vinyl and cushion. During an interview on 09/02/2025 at 11:00 AM, the Food Service Director stated dusting was done in the kitchen 4 to 5 months ago. At that time, the shelves were also cleaned, and any maintenance concerns were referred. They stated the fan brings the air from outside that makes the storage room dusty. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 09/09/2025 at 1:23PM, Registered Nurse #3 stated they conduct daily rounds and had not observed any issues with the furniture. 10 NYCRR 415.29

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews, during the Recertification and Abbreviated Survey (Intake #797338), the facility failed to maintain an effective pest control program so that the facility is free of pests and rodents. This was evident for one (1) (Unit 4) of 5 floors and the kitchen. Specifically, multiple reports of roach and rodent sightings were made by staff and residents. Additionally, a roach was observed crawling on top of the dish machine during kitchen observation. The findings include: The facility's policy and procedure titled Pest Control with a last revised date of 12/2023 stated it is the policy of this facility to maintain an effective pest control program that eradicates and contains common household pests and rodents. 1. On 09/09/2025 at 10:04 AM, during kitchen observation, a roach was observed crawling on top of the dish machine. During an interview on 09/09/2025 at 10:10 AM, Dietary Aide #2 stated they see flies all the time in the kitchen, but this was the first time they saw a live roach in the kitchen. 2. On 09/02/2025 at 2:18 PM, a representative stated they often visit Resident #199 and observed roaches in the resident's room. A review of the Pest Elimination Division Service Request Log indicated that the following pest sightings were reported on Unit 4; roaches on 01/14/2025, 02/04/2025, 02/11/2025, 03/09/2025, 06/04/2025, 06/10/2025, 06/11/2025, 06/18/2025, 07/02/2025, 07/29/2025, 08/02/2025, 08/12/2025, 08/20/2025, and 08/29/2025; a mouse on 06/11/2025, and mice on 01/14/2025, 06/03/2025, 06/18/2025, 08/02/2025, and 08/20/2025. The pest-control service reports from 02/04/2025 to 08/29/2025 were reviewed and revealed that the facility was treated for roaches and mice. On 09/09/25 at 10:03 AM, the Housekeeping Director was interviewed and stated that the exterminator comes every Wednesday and if there is an urgent issue, they come in the same day or the next morning. The Housekeeping Director also stated during the summer, there were roaches and mouse sightings. They stated that over the past few weeks the exterminator helped to decrease the roaches and there haven't been any sightings of a mouse in a while. On 09/09/2025 10:52 AM, Resident #68 who resided in room [ROOM NUMBER]A, stated they see roaches in their room every morning, and they have reported this to the staff. Resident #68 also stated the exterminator came the other day and comes to their room once in a blue moon, but the situation is not any better. On 09/09/2025 at 10:57 AM, Resident #150 who resided in room [ROOM NUMBER]A, stated they see roach in their room every day for the last 3 days. They stated the exterminator was in their room yesterday. (continued on next page)

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	335317	A. Building B. Wing	09/09/2025

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 09/09/2025 at 11:00 AM, Certified Nursing Assistant #2 was interviewed and stated they work on every floor have seen roaches all around the facility. They stated they reported the sightings to the nursing staff. On 09/09/2025 at 11:07 AM, Registered Nurse #1 was interviewed and stated they sometimes see roaches in Unit 4 staff bathroom and reported this to Maintenance Department. On 09/09/2025 at 12:30 PM, the Director of Nursing was interviewed and stated the exterminator visits the facility once a week and any pest sightings are addressed right away. On 09/09/2025 at 1:23 PM, the Administrator was interviewed and stated they have the same exterminator for years and never had pest control issues. The Administrator stated they do not have an answer as to the recent roach sights but will be switching pest control companies. 10 NYCRR: 415.29(j)(5)