STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335325	A. Building B. Wing	03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines at Glens Falls Ctr for Nursing & Rehab	170 Warren Street Glens Falls, NY 12801

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Based onˆrecord review,ˆobservation,ˆand interviews conducted duringˆ the survey,ˆthe facility failed to ensure the provision of sufficient nursing staff to assure resident safety andˆattainˆor maintain the highestˆpracticableˆphysical, mental, and psychosocial well-being of each resident throughout the facility. Specifically,ˆresidents reported during interviews that the facility was short-staffed at times, this resulted in call bells not being answered promptlyˆwithˆlong wait times for care to be provided.ˆˆˆ This isˆevidencedˆby:ˆˆ The Facility AssessmentˆExhibit #1- Staffing, datedˆ07/2025, documented:ˆˆ 2ndˆFloorˆRehabilitationˆunitˆdesired staffingˆˆ Day shift: Certified Nursing Assistantsˆfive (5)ˆandˆtwo (2)ˆLicensed Practical Nursesˆsevenˆ(7) days a week.ˆ Evening shift: Certified Nursing Assistantsˆfour (4)ˆandˆtwo (2)ˆLicensed Practical Nursesˆ(7) days a week.ˆ Night shift: Certified Nursing Assistantsˆthree (3)ˆandˆone (1)ˆLicensed Practical Nurseˆ(7) days a week.ˆˆ ˆ 3rdˆand 4thˆfloor desired staffingˆ Day shift:ˆCertified NursingˆAssistantsˆfourˆ(4) and two (2) Licensed Practical Nursesˆonˆweekdays.ˆCertified Nursing Assistants five (5) and two (2) Licensed Practical Nursesˆon weekends.ˆ Eveningˆshift:ˆCertified Nursing Assistants four (4) and two (2) Licensed Practical Nursesˆseven (7) days a week.ˆ Night shift:ˆCertified Nursing Assistantsˆtwoˆ(2) and one (1) Licensed Practical Nurse (7) days a week.ˆ ˆThe facility staffing sheets provided documented that:ˆˆ Onˆ03/03/2026,ˆthe 2ndˆfloorˆRehabilitationˆunit hadˆtwoˆ(2)ˆCertified Nurses Assistants for the nightˆshift. Theˆ4thˆfloor hadˆone (1) Licensed Practical Nurse on the evening shift andˆone (continued on next page)

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
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	(1)ˆCertified Nurse Assistant for the night shift.ˆ On 03/04/2026,ˆthe 4thˆfloor had one (1) Licensed Practical Nurse on the evening shift.ˆ On 03/05/2026,ˆthe 2ndˆfloor Rehabilitation unit had two (2) Certified Nurses Assistants for the night shift. Theˆ3rdˆfloor had one (1) Licensed Practical Nurse on theˆdayˆshift.ˆThe 4thˆfloor had three (3) Certified Nurses Assistants for the day and evening shifts.ˆ On 03/06/2026,ˆthe 2ndˆfloor Rehabilitation unit had two (2) Certified Nurses Assistants for the night shift.ˆTheˆ3rdˆfloor hadˆone (1)ˆLicensedˆPracticalˆNurse withˆthree (3) Certified Nurses Assistants for the day shiftˆand oneˆ(1)ˆCertified Nurse Assistant for the night shift.ˆThe 4thˆfloor had three (3) Certified Nurses Assistants for the day and evening shifts.ˆ On 03/07/2026, the 2ndˆfloor Rehabilitation unit hadˆthree (3) Certified Nursing Assistants for the evening shift andˆtwo (2) Certified Nurses Assistants for the night shift.ˆTheˆ3rdˆfloor hadˆfour (4)ˆCertified Nurses Assistantsˆfor the day shiftˆandˆthree (3) Certified Nurses Assistants for theˆeveningˆshift.ˆˆ On 03/08/2026, the 2ndˆfloor Rehabilitation unit had two (2) Certified Nurses Assistants for the night shift.ˆThe 3rdˆfloor hadˆthreeˆ(3) Certified Nurses Assistantsˆon the day shift, one (1) Licensed Practical Nurseˆand twoˆ(2) Certified Nurses Assistants for the evening shift, andˆone (1)ˆCertified Nurse Assistant for the night shift.ˆˆ On 03/09/2026, the 2ndˆfloor Rehabilitation unit hadˆfourˆ(4) Certified Nurses Assistants forˆthe day shift andˆtwo (2) Certified Nurses Assistants for the night shift.ˆThe 3rdˆfloor had one (1) Certified Nurse Assistant for the night shift.ˆThe 4thˆfloor hadˆone (1) Licensed Practical Nurse on theˆeveningˆshiftˆandˆone (1) Certified Nurse Assistant for the night shift.ˆ On 03/10/2026, the 2ndˆfloor Rehabilitation unit had four (4) Certified Nurses Assistants for the dayˆshift.ˆThe 3rdˆfloor hadˆone (1) Licensed Practical Nurseˆwith three (3)ˆCertified Nurses Assistantsˆforˆtheˆdayˆshiftˆandˆone (1) Certified Nurse Assistantˆfor the night shift.ˆThe 4thˆfloor had one (1) Licensed Practical Nurseˆforˆthe evening shiftˆand one (1) Certified Nurse Assistant for the night shift.ˆ On 03/11/2026, the 2ndˆfloor Rehabilitation unit hadˆtwo (2) Certified Nurses Assistantsˆfor the night shift.ˆˆ On 03/12/2026, theˆ3rdˆfloor hadˆone (1) Licensed Practical Nurse with three (3) Certified Nurses Assistants for theˆeveningˆshiftˆandˆthe nightˆnursingˆsupervisor covered as a floor nurse withˆone (1) Certified Nurse Assistant for the night shift.ˆ On 03/13/2026, the 2ndˆfloor Rehabilitation unit hadˆthree (3) Certified Nurses Assistants for theˆeveningˆshift and two (2) Certified Nurses Assistants for the night shift.ˆTheˆ4thˆfloor hadˆthree (3)ˆCertified Nurse Assistant for theˆeveningˆshift.ˆˆ On 03/14/2026, the 2ndˆfloor Rehabilitation unit hadˆfour (4)ˆCertified Nurses Assistantsˆfor the day shift andˆtwo (2) Certified Nurses Assistants for the night shift.ˆThe 3rdˆfloor hadˆfour (4)ˆCertified Nurses Assistantsˆforˆthe day shift.ˆˆ (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 03/15/2026, the 2ndˆfloor Rehabilitation unit had four (4)ˆCertified Nurses Assistants for the day shift and two (2) Certified Nurses Assistants for the night shift.ˆThe 3rdˆfloor had four (4) Certified Nurses Assistantsˆforˆthe day shift and one (1) Licensed Practical Nurse with three (3) Certified Nurses Assistants for the evening shift.ˆThe 4thˆfloor had four (4) Certified Nurses Assistantsˆforˆthe day shift and one (1) Certified Nurse Assistant for the night shift.ˆ On 03/16/2026, the 2ndˆfloor Rehabilitation unit hadˆtwo (2)ˆCertified Nurses Assistants for theˆnightˆshiftˆand two (2) Certified Nurses Assistants for the night shift.ˆTheˆ3rdˆfloor hadˆone (1) Licensed Practical Nurse with three (3) Certified Nurses Assistants for the evening shiftˆandˆone (1)ˆCertified Nurse Assistantˆfor the night shift.ˆThe 4thˆfloor hadˆone (1) Certified Nurse Assistant for the night shift.ˆ On 03/17/2026, the 2ndˆfloor Rehabilitation unit had two (2)ˆCertified Nurses Assistants for the night shift.ˆ 10 New York Codes, Rules, and Regulations 415.12(h)(1)(2)ˆˆˆ

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, record review and interviews conducted during the survey,ˆthe facility failed to ensure that drug records were in order; and that an account of all controlled drugs wasˆ maintained and periodically reconciled inˆsix (6)ˆofˆsix (6) narcotic books reviewed on Unitsˆ2, 3, and 4. Specifically, the shift-to-shift staff signature form for controlled drugs, titled Shift Count did not consistently include the signatures of staff members at each shift change, validating the correct narcotic count.ˆ This isˆevidencedˆby:ˆˆ ˆˆ A facility policy titled, Controlled Substance Handling (including handlingˆof dropped or refused doses), undated, documented thatˆall controlled drugs would be subject to special receipt, handling, storage,ˆdisposalˆand record keeping.ˆFurther documented, in pertinent part, 4.ˆAll stocks of controlled substances received shall be delivered to the nursing unit and logged into the official count by two nurses: the nurse who received the delivery, and the nurse in charge of the unit.ˆ(a) All controlled substances shall beˆimmediatelyˆsecured in the double locked wall cabinet in the medication room by the receiving nurse. (b) If the nurseˆreceivingˆis also the charge nurse, a nurse from another unit shall be asked to verify the count and log theˆreceipt;ˆ7. The mediation nurse on duty maintains possession of the keys to controlled drugs;ˆ13. A physical inventory of all controlled drugs was made at the change of each shift by two licensed nurses and was documented on an audit recordˆ(a) If a nurse was late, the supervisor would go to the floor and count with the nurse who was leaving. The drugs were NEVER to leave the cabinet on the floor for purposes of conducting a count. Once the next shift nurse arrives, the supervisor would return to the floor and perform another count.ˆˆˆˆ During observations on 3/13/2026 atˆ10:00ˆAM, narcotic sheets on both carts of Unitˆ3, North and South,ˆwere noted to not be consistently signed by two nurses shift to shift.ˆ ˆA review of theˆUnit 3, North side narcotic bookˆdocumented missing signatures for the following dates:ˆ2/11/2026 2 PM oncoming nurse,ˆ2/11/2026ˆ8 PM off-going nurse, 2/12/2026ˆ2 PM oncoming nurse, 2/12/2026 10 PMˆoff-going nurse, 2/14/2026 6 AM oncoming nurse,ˆ2/14/2026 2 PM off-going nurse,ˆ2/19/2026 2 PM oncoming nurse, 2/19/2026 10 PM off-going nurse,ˆ2/28/2026 6 AMˆoncoming nurse, 2/28/2026 2 PMˆoff-going nurse,ˆ3/04/2026ˆ2 PM oncoming nurse,ˆandˆ3/04/3026 6 PMˆoff-going nurse.ˆ ˆA review of the Unit 3, South side narcotic book documented missing signatures for the following dates:ˆ2/06/2026 6 AM off-going nurse,ˆ2/09/2026 6 PM off-going nurse,ˆ2/13/2026 6 AM oncoming nurse, 2/13/2026ˆ2PM oncoming and off-going nurse, 2/13/2026 10 PMˆoff-going nurse,ˆ2/19/2026 2 PM oncoming nurse,ˆ2/19/2026 10 PM off-going nurse, 2/23/2026ˆ6 PM off-going nurse,ˆ3/01/2026 6 AM oncoming nurse,ˆ3/03/2026 2 PM oncoming nurse,ˆandˆ3/10/2026 10 PM oncoming nurse.ˆ ˆA review of the Unitˆ2, North side narcotic book documented missing signatures for the following dates:ˆ2/18/2026ˆ6 AM off-going nurse, 2/21/2026 6 AM oncoming nurse, 2/21/2026ˆ10 PM off-going nurse,ˆandˆ3/13/2026 6 AMˆon comingˆnurse.ˆ (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	^A review of the Unit 2, South side narcotic book documented missing signatures for the following dates:^2/04/2026^8 PM oncoming nurse, 2/04/2026 9:30 PM off-going nurse,^2/06/2026 6 AM oncoming nurse, 2/06/2026 2 PM off-going nurse,^2/09/2026 2 PM oncoming nurse,^2/11/2026 6 AM oncoming nurse,^2/11/2026 2 PM oncoming and off-going nurses, 2/11/2026 10 PM^off-going nurse, 2/12/2026 6 AM oncoming nurse, 2/12/2026 10 PM off-going nurse,^2/17/2026 10 PM oncoming nurse, 2/13/2026^6 AM off-going nurse, 2/19/2026^6 AM oncoming nurse, 2/19/2026 2 PM off-going nurse,^3/02/2026^2:30 PM oncoming nurse, 3/02/2026 10 PM off-going nurse,^3/08/2026^10 PM off-going nurse,^and^3/13/2026 6 AM oncoming nurse.^ ^A^review of the Unit 4, North side narcotic book documented missing signatures for the following dates:^2/11/2026 11 PM oncoming nurse,^2/13/2026 2^AM oncoming nurse, 2/13/2026^11 AM off-going nurse,^2/17/2026 10 PM oncoming nurse,^2/18/2026 6 AM oncoming and off-going nurses, 2/18/2026 10 AM^off-going nurse, 2/20/2026 2 PM oncoming nurse, 2/20/2026 10 PM off-going nurse,^2/23/2026 2 PM oncoming nurse, 2/23/2026 10 PM off-going^nurse,^2/26/2026 10 PM oncoming nurse,^3/12/2026 6 AM oncoming nurse, and^3/12/2026 2 PM off-going nurse.^ ^A review of the Unit 4, South side narcotic book documented missing signatures for the following dates:^1/31/2026 6 AM^oncoming nurse, 1/31/2026 6 PM off-going nurse, 2/06/2026 10 PM oncoming nurse,^2/07/2026 6 AM off-going nurse,^2/11/2026 10 PM oncoming nurse,^2/11/2026 6 AM oncoming and off-going nurse, 2/12/2026 2 PM off-going nurse,^2/13/2026 2 PM oncoming nurse, 2/13/2026 10 PM off-going nurse,^2/17/2026 2 AM oncoming nurse, 2/17/2026^6 AM off-going nurse, 2/17/2026 9 AM oncoming nurse, 2/17/2026 2 PM off-going nurse,^3/05/2026^6 AM oncoming nurse,^and^3/05/2026 2 PM off-going nurse.^ During an interview on^3/13/2026^at^10:30 AM,^Licensed Practical Nurse #3^stated^that^the narcotic^count book was supposed to be signed by both the oncoming and the off-going nurse at the time of the count at change of shift.^^^ During an interview on^3/13/2026^at^10:56 AM, Licensed Practical Nurse #6, orienting with Licensed Practical Nurse #5,^stated^that they knew^that the narcotic count should be done at change of shift by two nurses and the narcotic book should be signed at the time of the count.^^^ During an interview on^3/13/2026^at^10:46 AM, Licensed Practical Nurse #7^stated^that^they did not sign the narcotic book at the change of shift^that morning because the book was very cumbersome. Licensed Practical Nurse #7^stated^that they were aware that the^oncoming and off-going nurse were supposed to sign together at the time of the^narcotic^count.^^ During an interview on^3/13/2026^at^10:53^AM,^Licensed^Practical^Nurse #2^stated^that^the narcotic count was to^be done^with two nurses, who should both sign the narcotic book together at the time of the count.^^^ During^an interview on^3/17/2026^at^10:00 AM, Registered Nurse^#4^stated^that the^procedure of narcotic counting was that the nurses were supposed to go through each narcotic card. One nurse had^the^cards;^the other nurse had^the book.^They were to compare card^number^and make sure that^they^matched^the book^number.^Once all the narcotics were counted and the amounts matched, the nurses were to sign the book together.^^ During an interview on^3/17/2026^at^10:21 AM, Licensed Practical Nurse #8^stated^that they took all the narcotic cards from the cart and put them in the narcotic room at the end of their shift (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	toˆfacilitateˆan easier counting experience for the nurse they shift changed with. The procedure they followed was that the oncoming nurse takes the keys,ˆone nurse pulls the narcotic cards and counts theˆamountˆof pills, the other nurse ensured that the narcotic book matched the cards.ˆThe two nurses read the numbers together for every resident on the unit. They both signed the book at the end of the count.^^ During an interview on 3/18/2026 at 11:15 AM, Director of Nursing #1ˆstatedˆthatˆthey were made aware of the nurses not signing the narcotic count book shift to shift consistentlyˆwhile survey was ongoing. Director of Nursing #1ˆstatedˆthat they intended to do a house wide educationˆregardingˆthe proper procedure. The procedure should be that two nursesˆchecked the narcotic cards, counted the medication together, andˆsignedˆthe narcotic book together every shiftˆchangeˆat the time of the count.^^ ^^ 10 New York Codes, Rules, and Regulations 415.18(b)(3)ˆ

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during the survey, the facility failed to ensure drugs and biologicals were labeled and storedˆin accordance withˆprofessional standards of practice. Specifically, (a.)ˆforˆeight (8)ˆresidentsˆ(Resident #sˆ2,ˆ6,ˆ23,ˆ45, 50,ˆ93, 118,ˆandˆ137),ˆmedications were left at resident bedsides without ordersˆand/orˆevaluations indicating residents were capable of self-administration;ˆ(b.) insulin pens were not individually stored, separating resident pens from comingling;ˆand (c.)ˆTylenol and Senna (an over-the-counter herbal stimulant laxative used for short-term relief of constipation) pills were loose in medicine cups in one (1)ˆmedication cart on the Unit four (4). This isˆevidencedˆby:ˆˆ ˆA facility policy titled Medication Storage, undated, documented that medications must be storedˆin accordanceˆwithˆmanufacturer's specifications and secured in locked storage areas in compliance with State and Federal requirements and accepted professional standards of practice. Access to medications was limited to only authorized personnel.ˆStorage areas may include, but were not limited to, drawers, cabinet, medication rooms,ˆrefrigeratorsˆand carts.ˆˆ A facility policy titled Medication Pass Policy, undated, documentedˆin pertinent part,ˆdo not pre-pour medications: administer them as they were prepared; alwaysˆobserveˆresident until they have swallowed allˆmedicationsˆthat have been administered. Do not leave medication inˆmedicationˆcup at the bedside or on tableside.ˆˆˆ ˆA facility policy titled Self-Administration,ˆlast revised 10/2024, documentedˆto maintain the residents' rights to maintain a high level of independence, residents who requestedˆto self-administer medicationsˆwere permitted to do so if the center's self-evaluation hadˆdetermined that theˆpracticeˆwould be safe for the resident and thereˆwas a healthˆcareˆprovider's order to self-administer medication(s)/treatments.ˆThe documented procedures were, in pertinent part,ˆ(1) If the resident requestedˆto self-administer medications, a Self-Administration Evaluationˆwas completed by the licensed nurse to evaluate the resident's safety and understanding of their medication/treatments;ˆ(2) If the evaluation determines itˆwas safe for the resident to self-administer, the licensed nurse wouldˆobtain an order from the Healthcare Provider for self-administrationˆfor the specific medication(s)/treatments;ˆandˆ(3) Upon obtaining the order for the medication/treatment the licensed nurse wouldˆinstruct the resident in the process of storing the medications safely which should include a locked box.ˆˆ ˆResident #2ˆˆ Resident #2 was admitted to the facility with diagnoses of atrial fibrillationˆ(an irregular rapid heart rate), hypertensionˆ(high blood pressure), aphasia following cerebral infarctionˆ(difficulty speaking and/or swallowing after having a stroke). The Minimum Data Set (an assessment tool), dated 2/26/2026, documented the resident was usually understood, usually understood others, and was minimally cognitively impaired.ˆˆ During an observation on 3/10/2026 at 11:01 AM, Resident #2 was noted to have saline nasal spray (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	on their bedside table.^^ During an observation on 3/16/2026 at 10:30 AM, Resident #2 was noted to have saline nasal spray on their bedside table.^^ There was no documented evidence that Resident #2 had an evaluation that allowed for medications at the bedside.^^ There was no documented evidence that Resident #2 had a physician order for saline nasal spray.^ Resident #6^ Resident #6 was admitted to the facility with the diagnoses of^displaced fracture of anterior wall of left acetabulum^(a broken left hip),^fracture of left pubis^(a break in one of the small bones of the pelvis),^and^age-related osteoporosis^(a condition characterized by weak, fragile bones).^The Minimum Data Set, dated [DATE], documented the resident was able to understand others, be understood, and was^mostly cognitively intact.^ During an observation on 3/11/2026 at 8:09 AM, Resident #6 had a medication cup^on their^bedside table that^was^identified^to be Calcium Carbonate^chewable tablet.^Resident #6^stated^that this was the only pill that staff left at their bedside^because^the resident preferred to take it slowly due to^its^chalky^taste.^ A^physician order^dated 2/24/2026 at 7:00 AM documented Resident #6^was to be given^Calcium Carbonate Antacid Oral Tablet Chewable 500 milligrams,^give^one (1) tablet by mouth^one time a day for osteoporosis.^^ There was no documented evidence that^Resident^#6 had a physician order to self-administer medications.^ There was no documented evidence that Resident #6^had an evaluation^to self-administer medications.^ Resident #23^ Resident #23 was admitted to the facility with the diagnoses of^unspecified dementia^(a progressive neurological disease causing memory problems),^cortical age-related cataract, bilateral^(a condition where clouding develops in the outer layer of the lens of both eyes), and^iron deficiency anemia^(a blood disorder where the body lacks sufficient iron). The Minimum Data Set, dated [DATE], documented the resident^was able to understand others, be understood, and was mostly^significantly cognitively impaired.^ During an observation on 3/10/2026 at^11:20^AM, Resident #23^had^a bottle of^Refresh tears^(lubricant eye drops) on their bedside table.^^ During an observation on 3/12/2026 at^1:45 PM, Resident #23 had a^bottle of antifungal powder on their bedside table.^^ There was no documented evidence that Resident #23 had physician orders for Refresh Tears (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	orˆantifungal powder.ˆ There was no documented evidence thatˆResidentˆ#23ˆhad a physician order to self-administer medications.ˆ There was no documented evidence that Resident #23ˆhad an evaluation to self-administer medications.ˆ Resident #45ˆ Resident #45 was admitted to the facility with the diagnoses ofˆretention of urineˆ(theˆinabilityˆto fully empty the bladder, resulting in urine accumulation), hypertensionˆ(high blood pressure),ˆandˆanemiaˆ(a condition marked by a deficiency of red blood cells). The Minimum Data Set, dated [DATE], documented the residentˆwas able to understand others, be understood, and wasˆmildlyˆcognitively impaired.ˆ During an observation on 3/10/2026 at 11:25ˆAM, Resident #45ˆhad a bottle ofˆsaline nasal sprayˆon their bedside table.ˆˆ AˆMedication Self-Administration Safety Screen dated 5/05/2025, documented the resident wasˆable to self-administer Ocean Spray nasal spray and keep the medication in their room.ˆ The physician's order for Saline Nasal Solutionˆdated 7/02/2025 documented to administer one (1) spray in each nostril every four hours as needed for dry nose.ˆ There was no documented evidence that there was a physician order that Resident #45 could self-administer saline nasal spray, nor keep it in their room.ˆ Resident #50ˆ Resident #50 was admitted to the facility with diagnoses of chronic obstructive pulmonary diseaseˆ(a condition involving constriction of the airways and difficulty or discomfort in breathing), chronic diastolic congestive heart failureˆ(a long-term condition whereˆthe left ventricle becomes still and cannot relax properly to fill with enough blood),ˆandˆatrialˆfibrillationˆ(an irregular rapid heart rate). The Minimum Data Set, dated [DATE], documented the resident was cognitively intact, could be understood, and understood others.ˆˆ During an observation on 3/10/2026 at 11:30 AM, Resident #50ˆhad a bottleˆsaline nasal spray on their bedside table.ˆ During an observation on 3/12/2026 at 1:50 PM,ˆResident #50 had a bottle of generic Flonase and saline nasal spray on their bedside table.ˆ During an observation on 3/16/2026 at 10:22 AM, Resident #50 was noted to have nasal sprays, Tums (over-the-counter antacid containing calcium carbonate used to rapidly relieve heartburn, sour stomach, acid indigestion, and upset stomach), and antifungal powder on their bedside table.ˆ A Medication Self-Administration Safety Screen datedˆ9/16/2025, documented the resident was able to self-administer nasal sprayˆand nasal solutionˆand keep the medication in their room.ˆ (continued on next page)

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The Pines at Glens Falls Ctr for Nursing & Rehab	170 Warren Street Glens Falls, NY 12801

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The physician's order for Calcium Carbonate Antacid oral tablet, dated 7/07/2025,ˆdocumented to give two (2) tablets by mouth as needed for indigestion/heartburn.ˆ The physician's order for Saline Nasal Solution datedˆ9/16/2025 documented to administerˆtwo (2) spray in both nostrils two times a day for dry nares,ˆoxygen use unsupervised self-administration able toˆself-administer.ˆ There was no documented evidence that Resident #45 had an order for antifungal cream,ˆnorˆthat they could self-administer the medication, nor keep it in their room.ˆ There was no documented evidence that there was a physician order that Resident #45 could self-administerˆCalciumˆCarbonate Antacid, nor keep it in their room.ˆ Resident #93ˆ Residentˆ#93 was admitted to the facility with the diagnoses of hypertensionˆ(high blood pressure),ˆdisplaced fracture of lateral end of right clavicleˆ(a broken collarbone near the should joint where the bone segments have shifted out of alignment), and hyperlipidemiaˆ(high cholesterol). The Minimum Data Set, dated [DATE], documentedˆthe residentˆcould make themselves understood, understood others and was cognitively intact.ˆˆ During an observation on 3/16/2026 at 9:41 AM, Resident #93 was noted to have Tums antacids on their bedside table.ˆˆ There was no documented evidence that Resident #93 had physician orders forˆTums or antacids in general.ˆ There was no documented evidence thatˆResidentˆ#93 had a physician order to self-administer medications.ˆ There was no documented evidence that Resident #93 had an evaluation to self-administer medications.ˆ Resident #118ˆ Resident #118 was admitted to the facility with the diagnoses ofˆobstructive sleep apneaˆ(a serious sleep disorder where breathing repeatedly stops and starts because throat muscles relax too much, causing the airway to collapse),ˆcongestive heart failureˆ(a weakness of the heart that leads to a buildup of fluid in the lungs and surrounding body tissues), andˆchronic painˆ(unresolvable pain). The Minimum Data Set, dated [DATE], documentedˆthe resident could make themselves understood, understood others and was cognitively intact.ˆ ˆDuring an observation on 3/10/2026 at 11:40 AM, Resident #118ˆhad a bottle saline nasal spray on their bedside table.ˆ ˆDuring an observation on 3/12/2026 atˆ2:00ˆPM, Resident #118ˆhad a bottle saline nasal spray on their bedside table.ˆ A physician's orderˆdated 8/21/2025 documented Resident #118 was to receive saline nasal solution, (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	two (2) sprays in each nostril every 12 hours as needed for dry nasal passages.ˆThere was no documented evidence in the order that the resident was able to keep the medication at the bedside.ˆ ˆA Medication Self-Administration Safety Screen datedˆ8/18/2025, documented the resident was able to self-administer nasal spray andˆIcy Hot topical analgesic sprayˆand keep the medication in their room.ˆ ˆThe was no documented physician order for Icy Hot topical analgesic sprayˆfor Resident #118.ˆˆ Resident #137ˆ Resident #137 was admitted to the facility with diagnoses of atrial fibrillation (a rapid uncontrolled heart rate), chronic pain (unrelieved pain),ˆandˆgastro-esophageal reflux disease without esophagitis (a form of heartburn withoutˆvisibleˆdamage toˆtheˆesophagus). The Minimum Data Set, dated [DATE], documented the resident could make themselves understood, understood others and was cognitively intact.ˆˆ ˆ During an observation on 3/12/2026 at 9:38 AM, Resident #137 was noted to have Refresh tears eye drops on their beside table. Resident #137ˆstatedˆat that time that their family had brought it in for them and they did not have a physician order for it.ˆˆ ˆThere was no documented evidence that Resident #137ˆhad physician orders forˆRefresh Tears eye drops.ˆ ˆThere was no documented evidence that Resident #137ˆhad a physician order to self-administer medications.ˆ ˆThere was no documented evidence that Resident #137ˆhad an evaluation to self-administer medications.ˆ ˆDuring observations onˆ3/13/2026ˆatˆ10:07 AM,ˆLantus insulin pens for multiple residents were noted to be loose in the top drawer of theˆSouth sideˆmedication cartˆof Unit three (3).ˆThe pens and caps were noted to beˆlabeled;ˆhowever,ˆthey were not in individual bags allowing multiple resident insulin pens to touch each other and created the opportunity for them to cross contaminate each other.ˆˆ ˆDuring an interview on 3/13/2026 at 10:10 AM, Licensed Practical Nurse #11ˆstatedˆthat they did not know that insulin pens needed to be separatedˆso they were not touching.ˆˆˆˆ ˆDuringˆobservations onˆ3/13/2026ˆatˆ10:53ˆAM,ˆLantus insulin pens for multiple residents were noted to be loose in the top drawer of the North side medication cart of Unitˆthree (3).ˆThe pens and caps were noted to beˆlabeled;ˆhowever,ˆthey were not in individual bags allowing multiple resident insulin pens to touch each other and created the opportunity for them to cross contaminate each other.ˆˆˆˆ During an interview on 3/12/2026 at 11:00 AM, Licensed Practical Nurse #2ˆstatedˆthat they knew the pensˆneededˆto be labeled but did not know they needed to be stored separately.ˆˆ ˆDuring observations onˆ3/13/2026ˆatˆ10:46 AM,ˆtwo (2) medication cups were noted to (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	beˆobservedˆin the top drawer of the South side medication cart on Unit four (4). One medication cup had Tylenolˆwritten in black ink on the side and was full of white tablets. The other medication cup had Senna written in black ink on the side and was half full of orange tablets.ˆˆ During an interview on 3/13/2026 at 10:50 AM, Licensed Practicalˆ Nurse #7ˆstatedˆthat the pills were Tylenol and Senna but that they had not placed the medication cups with pills in the top drawer of the cart. When asked if they hadˆbeen assigned to the cart since 6 AM that morning, Licensed Practical Nurse #7ˆstatedˆthat they had. Licensed Practical Nurse #7 removed the cups from the top drawer and disposed of the medications.ˆˆ During an interview onˆ3/13/2026ˆatˆ10:56 AM, Licensed Practical Nurseˆ#6ˆstatedˆthat residents had to have an order to keep medications at their bedside. If Licensed Practical Nurse #6ˆfound medications in a resident's room,ˆthey would remove them and let the unit manager know.ˆˆ During an interview onˆ3/17/2026ˆatˆ10:00 AM, Registered Nurse #ˆ4ˆstatedˆthat to have medications at the bedside, a resident needed to have an evaluation done for competency. The resident's mental capacity would be lookedˆatˆandˆthe provider would need to be involved.ˆIf the residentˆwasˆdeemedˆcapable and the physician wrote an order to have them, residents could keep medications in their room.ˆRegistered Nurse #4ˆstatedˆthat there were two (2) or three (3) residents that were able to keep medications in their room.ˆˆ During an interview onˆ3/17/2026ˆatˆ10:21 AM, Licensed Practical Nurse #8ˆstatedˆthatˆif they found medications at the bedside, they would confiscate them and given them to the supervisor. Licensed Practical Nurse #8ˆstatedˆthatˆresidents need a physician order to have medications at the bedside. Eye drops and nasal sprays were the only things that were usually left at the bedside.ˆLicensed Practical Nurse #8ˆstatedˆthatˆthey were unsure if there was an evaluation involved or if anyˆcurrentˆresidents on theˆunitˆhad the ability to haveˆmedicationsˆat the bedside.ˆˆˆ During an interview on 3/17/2026 at 11:20 AM, Licensed Practical Nurse #2ˆstatedˆthatˆsaline nasal sprays needed to have a physician order and should be kept in the medication cart. Any antifungal powders should haveˆan order, should have the resident's name onˆthem, and should be kept in the medication cart.ˆˆ During an interview on 3/18/2026ˆ11:15 AM, Director of Nursing #1 stated that if a resident hadˆmedicationsˆat the bedside, they should have had an evaluation toˆdetermine if they were capable of self-administration, a physician order to self-administerˆthe specific medication theˆresidentˆwas evaluated for, the medication should be kept in a locked drawer, not loose on the bedside tables, and there should be a care plan associated with the medication that the resident was self-administering. 10 New York Codes, Rules, and Regulations 415.18(d)ˆ

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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, record review and interviews during the recertification survey, the facility did not ensure that food was stored, prepared, distributed, or servedˆfollowingˆprofessional standards for food service safety in 3ˆofˆ3ˆresident unitˆnutrition roomsˆand the centralˆkitchen. Specifically, proper food temperature tracking was not tracked, several expired items were identified, and proper dating of open items was not followed. This is evidenced by: During inspection in the central kitchen on 3/10/2026 at 1:00PM the following items were found to be out of compliance with New York State food safety regulations: Review of food temperature logs showed the production temperature logs nor the service logs located on the steam tables had been completed on four shifts since 01/01/2026. The following items were found to be out of their original packages and undated: In the walk-in refrigerator Three stacks of American cheese in plastic cling wrap One portion of sliced ham in plastic cling wrap In the walk-in freezer Two packages of frozen waffles In the dietary refrigerators on each unit: Pitchers of various unlabeled types of juice Opened bottles of thickened juice of three flavors per unit Items identified in walk in refrigerator past printed expiration date: Two quart size containers of sour cream One gallon of barbecue sauce One 1.36 liter bottle of tomato juice On the second floor dietary room, dietary staff were observed using the stem thermometer to check temperatures of the food in the steam tray without using proper sanitizing practices During interview, on 3/12/2026 at 3:00PM, Kitchen Manager #1stated they will inspect all the items and ensure they are dated once they are removed from the original packaging and discarded otherwise. They will also work on retraining staff to ensure proper temperature logs are recorded at (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	all stages of food preparation and service. 10 New York Codes, Rules, and Regulations 415.14(h)^

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, and interviews during a survey, the facility failed to ensureˆit maintained an infection prevention and control programˆdesigned to provide a safe, sanitary, and comfortable environment andˆto help prevent the development and transmission of communicableˆdiseases and infections for five (5) (Resident #sˆ29, 50, 58, 67, and 123) of 30ˆresidents reviewed.ˆSpecifically,ˆResident #s 29 and 67'sˆFoley bag (indwellingˆurinary catheterˆcollection bag)ˆwasˆhangingˆunderˆtheirˆwheelchairˆandˆtouched theˆfloor.ˆResident #s 50, 58, and 123'sˆnebulizerˆdeviceˆ(coverts liquidˆmedication into a fine mist for direct inhalation)ˆmouthpieceˆ(attached to medication reservoir)ˆand/or mask andˆtubingˆwereˆuncovered.ˆ This isˆevidencedˆby:ˆ ˆ Policy and Procedure titled, Infection Prevention & Control Program, revised 4/2025,ˆdocumented the purpose of theˆpolicyˆto maintain an infection prevention and control program based onˆcurrent nationally recognized evidence-based guidelinesˆto provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.ˆNursing staffˆwereˆresponsible forˆan active surveillance program and were to assess staffˆadherence to infection prevention guidelines as needed.ˆIntent of theˆprogram documentedˆthe program wouldˆconduct surveillance rounds toˆmonitorˆand investigate potentialˆcauses of infection to prevent infections occurring in the facility.ˆ ˆ Policy and Procedureˆtitledˆ Urinary Catheterization,ˆrevisedˆ4/2024, documentedˆthe presence of an indwellingˆurinary catheterˆwas a risk factor forˆacquiringˆaˆmultidrug-resistant organism.ˆEnhanced barrier precautionsˆ(the use of gown and gloves)ˆwereˆindicatedˆwhen high contact care was bundled for residentsˆwith an indwelling catheter. A sterile, continuously closed drainage systemˆwould beˆmaintainedˆfor indwelling catheters.ˆDrainage bags would always be covered for privacy and placed below the level of the resident's bladderˆtoˆfacilitateˆdrainage and prevent stasis (stoppage of movement) of urine.ˆ ˆ Policy and Procedure titled,ˆNebulizer Treatments, revised 2/2023, documentedˆwhen theˆnebulizerˆtreatmentˆwas complete,ˆtheˆreservoir was to be disconnected from the nebulizer machine, cleaned per manufacturer's instruction and placed in aˆplastic bag.ˆ ˆ Resident #29:ˆ ˆ Resident #29 was admitted to the facility with the diagnoses of nondisplaced intertrochanteric (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	fracture of right femurˆ(hip fracture), displaced fracture of upper end of left humerusˆ(armˆfracture), and retention of urine. The Minimum Data Set (an assessment tool) dated 3/09/2026, documented the resident was able to be understood, understood others, and was severely cognitively impaired.ˆˆ ˆ A physician order dated 3/04/2026 documented Resident #29 was to have an indwelling catheter toˆdrain urine due to urinaryˆretention.ˆ ˆ Duringˆobservationˆof Resident #29, the resident'sˆFoley bagˆwasˆhangingˆunder their wheelchair,ˆdid not have a privacy cover,ˆandˆtouchedˆthe floorˆon:ˆ 3/16/2026 at 9:55 AMˆ 3/10/2026 at 12:22 PMˆ 3/12/2026 at 9:49 AMˆ Resident #67:ˆ ˆ During observationˆof Resident #67, the resident'sˆFoley bag wasˆhanging underˆtheir wheelchair andˆtouchedˆthe floorˆon:ˆ 3/10/2026 at 12:06 PMˆ 3/16/2026 at 9:55 AM Resident #58 was admitted to the facility with diagnoses ofˆchronic obstructive pulmonary disease (ongoing lung condition caused by damage to the lungs),ˆhistory of recurrent pneumonia (infection that inflamesˆthe air sacs in one or both lungs), andˆmild vascular dementia (changes in thinking or memoryˆthat occur when there is not enough blood flow). The Minimum Data Set, dated [DATE], documented the resident was cognitively intact. The resident wasˆusually ableˆto make themselves understood and understood others.ˆ Review of physician orders documented an order dated 2/26/2026 forˆipratropium-albuterol solution 0.5-2.5, 3 milligrams/3 milliliters ˆinhaled orallyˆtwo times a dayˆfor shortness ofˆbreathˆor wheezing lung soundsˆpre and post nebulizerˆtreatment.ˆThe resident also had an order for treatments to be done every four hoursˆas needed.ˆ During observationˆofˆResident #58,ˆthe resident'sˆnebulizerˆequipmentˆwas uncovered at the bedsideˆon:ˆ 3/10/2026 at 2:05 PMˆ 3/12/2026 atˆ1:50ˆPMˆ 3/16/2026 at 12:10 PMˆ (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	3/17/2026 at 11:30 AMˆ During an interview onˆ3/17/2026ˆatˆ10:21 AM, Licensed Practical Nurse #8 statedˆˆˆ nebulizerˆdevicesˆshould beˆunplugged,ˆand theˆmask should be in a bag labeled withˆthe resident'sˆname.ˆ During an interview onˆ3/17/2026ˆatˆ10:00 AM, Registered Nurse Manager #4ˆstatedˆtheˆ nebulizerˆdeviceˆshould be unpluggedˆwhen not in use, and theˆmask/tubingˆin a bag. Ifˆthe treatmentˆwasˆjust given, the nurse might place it in a holderˆuntil it wasˆdry thenˆwould place itˆin the bag.ˆ During an interview on 3/17/2026 at 11:20 AM, Licensed Practical Nurse #2ˆstatedˆwhen a resident had a nebulizer treatment order, the nebulizer deviceˆwould have weekly tubing changes.ˆThe nebulizer mask was cleaned after use and placed inside a plastic bag labeled with the resident's name.ˆFoley bags should be covered, never onˆtheˆfloor, and if found on the floor the bag was considered contaminated.ˆ During an interview onˆ3/17/2026 atˆ11:25 AM, Registered Respiratory Therapistˆ#1ˆstatedˆnebulizer equipment was stored in a bag labeled with the resident'sˆname at the bedside. Nebulizer tubing was changed weekly.ˆRegistered Respiratory Therapist #1ˆconducted in-services for respiratory policies, procedures, and services for the facility routinelyˆand for new servicesˆor when facility staff may need a refresher.ˆ During an interview onˆ3/18/2026 at 11:15 AM, acting Director of Nursing #1ˆstated nebulizer devicesˆshould be unplugged when not in use. The masks should be in plastic bags when theyˆareˆnot in use and dry. If they were just used,ˆtheˆmasksˆmight not beˆin the bagˆto ensure theyˆdriedˆappropriately. Once they were dried, the staff shouldˆputˆthe masks back in the bag.ˆFoley bags were supposed toˆhave cover bags and should be secured off the floor.ˆ 10 New York Codes, Rules and Regulations 415.19(a)(1-3)ˆ

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviewsˆconducted during a survey, the facility failed to ensureˆthat comprehensive care plans were developed and implemented according to professionalˆstandards for two (2) (Resident #s 38 and 110)ˆofˆ30 residentsˆrevised. Specifically, (a.)ˆResident #38ˆhad a diagnosis of muscular dystrophy (a group of diseases that cause muscles to become weaker and lose mass over time),ˆambulated via a power wheelchair,ˆandˆfrequentlyˆleft the facility unsupervised to attendˆoutside activities. A care plan forˆleave of absence was not developed and implemented, and (b.)ˆResident #110ˆreceived medicationsˆfor constipation andˆa care plan for constipationˆwas not developed and implemented.ˆ ˆ This isˆevidencedˆby:ˆ Policy and Procedure titled,ˆBaseline/ComprehensiveˆPerson-CenteredˆCare Plan, revised 3/2023, documentedˆa comprehensive person-centered care plan would be developed after the completionˆof the comprehensive assessment (Minimum Data Set),ˆwould beˆperiodicallyˆreviewed by aˆteamˆof qualified persons after each assessment or reassessment, and would be implementedˆby qualified members of facility staff. Goals, interventions, and responsible team member for implementation would beˆidentifiedˆfor each identified problem.ˆ ˆPolicy and Procedure titled, Safe Unsupervised LOA (Leave of Absence) Policy, revised 3/2023, documented it was the facility's policy to allow residents the opportunity to go on an unsupervised Leave of Absence with an order from a Healthcare Provider, and within the framework structured to ensure their safety and wellbeing, as well as the safety and wellbeing of others. The resident would be educated on the Leave of Absence Policy. A Leave of Absence evaluation would be completed on residents whose Healthcare provider had written an unsupervised Leave of Absence order at the time of admission or readmission. An unsupervised Leave of Absence care plan would be added to the resident's clinical record. The supervisors would maintain a list of the residents who had unsupervised Leave of absence orders. Resident #38:ˆ Resident #38 was admitted to the facility with diagnoses of muscular dystrophyˆ(a group of diseases thatˆcauseˆmuscles to become weaker and loseˆmass over time), depressionˆ(mood disorder that causesˆa persistent feeling ofˆsadness andˆloss of interest), and hypertensionˆ(high bloodˆpressure). The Minimum Data Setˆ(an assessment tool)ˆdated 1/07/2026, documented the resident was cognitively intact. The resident was able to make themselves understood and understand others.ˆ Nursing Progress Note datedˆ1/09/2026 at 9:35 PMˆby Licensed Practical Nurse #10, documentedˆresidentˆreturned from the hockey gameˆat 5:30 PM. No new skin issues.ˆ Nursing Progress Note dated 1/13/2026 at 4:37 PM by Licensed Practical Nurse #10, documented theˆresident returnedˆfrom the bank at 1:40 PM.ˆNo new skin issues. Denied pain and discomfort.ˆ Plan of Care Note dated 2/3/2026 at 3:26 PM by Registered Nurse Manager #3, documentedˆthe care plan was reviewed and revised.ˆThere were no other details in the note.ˆ (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pines at Glens Falls Ctr for Nursing & Rehab	170 Warren Street Glens Falls, NY 12801

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nursing Progress Note datedˆ2/21/2026 at 11:11 PM by Licensed Practical Nurseˆ#9, documented the resident left the facility to see a hockey game and was out of the facility fromˆ5:13 PM until 9:50 PM. The resident returned in good spirits. No new skin issues noted.ˆ There was no documented evidence ofˆa Leave of Absence evaluation, provider order, or care plan for the Leave of Absence.ˆ During an interview on 3/11/2026 at 10:48 AM, Resident #38ˆstatedˆtheyˆfrequentlyˆleft the facility via their power wheelchair for outside activities. Resident #38ˆstatedˆwhen they entered a crosswalk, they always made sure they madeˆeye-contact with the driver of the vehicle beforeˆproceeding.ˆThey sometimes came back to the facility when there was noˆreceptionist,ˆand they would ring the doorbell to be let in. One time they returned at 11:00 PM and theˆregistered nurseˆsupervisor let them in.ˆ During an interview on 3/17/2026 at 10:26 AM, Social Worker #1ˆstated Resident #38 hadˆa very activeˆsocial life outside of the facility. They were not sure if there was a care plan or physician order for Resident #38'sˆLeave ofˆAbsence.ˆNursing and social work would have responsibility forˆdevelopingˆand implementing theˆLeave ofˆAbsenceˆcare plan.ˆˆ During an interview on 3/17/2026 at 2:03 PM, Registered Nurse Manager #3ˆstatedˆResident #38 would leave the facility to attend hockey games and other events. The residentˆwas requiredˆto sign out/in. Registered Nurse Manager #3ˆwas responsible forˆnursing care plans. Theyˆstatedˆthey had never created a care plan forˆLeave ofˆAbsence andˆwereˆnot aware of a physician order for Resident #38's leave of absence.ˆ During an interview onˆ3/18/2026 at 10:08 AM, Administrator #1ˆstatedˆthey had a Leave of Absence policy and thought it was forˆovernight leaves. Resident #38ˆleft the facility unsupervised to attend outside activities, was resourceful, and had their cell phone with them when theyˆleft the facility. Administrator #1ˆstatedˆthey would take care of the Leave of Absence care plan.ˆ During an interviewˆon 3/18/2026 at 11:29 AM, Acting Director of Nursing #1ˆstatedˆthe facility had a Leave of Absence policy and it was for unsupervisedˆleaves. Theyˆstatedˆthe policyˆappliedˆto Resident #38 since theyˆfrequentlyˆleft the facility unsupervised.ˆThey were not aware there was no assessment, physician order, or care plan for Leave of Absence for Resident #38.ˆ Resident #110:ˆ Resident #110 was admitted to the facility with diagnoses of chronic obstructive pulmonary disease (a progressive, uncurable lung disease that restricts airflow, causing chronic coughing, wheezing, and severe breathlessness), chronic kidney disease (a serious, long-term condition where kidneysˆwereˆdamaged andˆcould notˆeffectively filter waste from the blood), and peripheral vascular disease (a slow, progressive circulation disorder involving blood vessel narrowing, blockage, or spasms often affecting legs and feet). The Minimum Data Set, dated [DATE],ˆdocumented the resident was understood by others, could understand others, and was cognitively intact.ˆˆ Review of theˆFebruary 2026 and March 2026 Medication Administration Records documented Resident #110 received the following medicationsˆroutinely and as neededˆfor constipation (infrequent bowel movements or hard, dry stools that are difficult to pass):ˆ (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Miralaxˆ Oral Powder 17 grams per scoop give one (1) scoop by mouth in the morning every two (2) days for constipation.ˆ Psyllium oral powder 30% give one (1) packet by mouth one (1) time a day for constipation, mix with eight (8) ounces of water.ˆ Senna plus oral tablet 8.6-50 milligrams give two (2) tablets by mouth two (2) times a day for constipation.ˆ Milk of Magnesia suspension 400 milligrams per five (5) milliliters give 30 milliliters by mouth as needed for constipation daily if no bowel movement after six (6) shifts.ˆ Dulcolax oral tablet delayed release five (5) milligrams give one (1) tablet by mouth every 24 hours as needed for constipation.ˆˆ Dulcolax suppository 10 milligrams insert one (1) suppository rectally as needed for constipation if milk of magnesia is ineffective.ˆ ˆThere was no comprehensive care plan developed to addressˆResident #110'sˆconstipation.ˆ During an interview on 3/11/2026 at 12:43 PM, Resident #110ˆstatedˆthey were constipated a lot and usedˆmedications to relieve it.ˆ During an interview on 3/17/2026 at 1:10 PM, Registered Nurse #3 stated nursingˆwas responsible forˆthe development of nursing care plans. Theyˆstatedˆthe resident should have a constipation care plan and did not know why there was not one.ˆ During an interview on 3/17/2026 at 1:12 PM, Director of Nursing #1ˆstatedˆthat there should beˆaˆcomprehensive care planˆthat addressedˆeach resident concern or diagnosis, including constipation.ˆˆ 10 New York Code of Rules and Regulationsˆ415.11(c)(1)ˆ

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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** Based on observations, record reviews, and interviews during a survey, the facility failed to ensure residents were treated with dignity and respect for two (2) (Residents #29 and #67) of 30 residents reviewed for dignity.^^Specifically, for Residents #29 and #67, catheter drainage bags were not covered for privacy.^^ This isˆevidencedˆby:ˆ The policy and procedure titled Urinary Catheterization, dated 4/24/2024,ˆstatedˆurinary catheter drainage bags should always be covered for privacy.^^ Resident #29^^ Resident #29 was admitted to the facility with the diagnoses of nondisplaced intertrochanteric fracture (a fracture where the bone is cracked but remains in proper alignment) of right femur, displaced fracture of upper end of left humerus (a break in the left upper arm bone that has moved out of its normal alignment), and retention of urine (inability to fully empty the bladder). TheˆMinimumˆData Set (an assessment tool) dated 03/09/2026, documented the resident was able to be understood, understood others, and was severely cognitively impaired.^^^ A physician order datedˆ03/04/2026 documented that Resident #29 was to have an indwelling Foley catheter (a flexible tube inserted into the bladder to drain urine, held n place by a water-filled balloon) to straight drainage for retention.^^ During an observation onˆ03/10/2026ˆatˆ12:22 PM Residentˆ#29 wasˆobservedˆto beˆin the hallway with theirˆurinary catheter drainageˆbag hanging under their wheelchair withoutˆa privacyˆcover.^^^ During an observation onˆ03/12/2026ˆatˆ9:49 AMˆResidentˆ#29 wasˆobservedˆto beˆin the hallway with theirˆurinary catheter drainageˆbag hanging under their wheelchair without a privacy cover.^^^ During an observation onˆ03/12/2026ˆatˆ2:00ˆPM Residentˆ#29 wasˆobservedˆto beˆin theˆphysical therapy gymˆwith theirˆurinary catheter drainageˆbag hanging under their wheelchair without a privacy cover.^^^ Resident #67ˆ Resident #67 was admitted to the facility with the diagnoses of atrial fibrillation (a rapid uncontrolled heart rate), orthostatic hypotension (a sudden drop in blood pressure occurring whenˆstandingˆup from a sitting or lying position), and dementia (a progressive degenerative neurologicalˆdisease causingˆmemory problems). The Minimum Data Set, dated [DATE], documented the resident was able to be understood, understood other and was severely cognitively impaired.^^ During an observation on 03/10/2026 at 11:21 AM, Resident #67's urinary catheter drainage bag was not covered with a dignity bag.^^ During an observation on 03/10/2026ˆat 12:06 PM, Resident #67's urinary catheter drainage bag was (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	uncovered on the wheelchair.ˆ During an observation on 03/16/2026 at 10:00 AM, Resident #67's urinary catheter drainage bag was uncovered under the chair and touching the floor.ˆˆˆ During an interview onˆ03/17/2026ˆatˆ10:00 AMˆRegistered Nurse #4ˆstatedˆthatˆurinary catheter drainageˆbags should be in aˆprivacyˆbag. ˆˆˆ During an interview onˆ03/17/2026ˆatˆ10:21 AM, Licensed Practical Nurse #8ˆstatedˆurinary catheter drainageˆbags wereˆsupposed to be covered with a privacy bag, to avoid being seen. Leg bags couldˆalso be used. Theyˆwere blue.ˆˆˆ During an interview onˆ03/18/2026 at 10:10 AMˆRegistered Nurse #1ˆstatedˆthatˆurinary catheter drainageˆbagsˆshould be coveredˆso that urine could not be seen.ˆ ˆˆ During an interview onˆ03/18/2026 at 11:15 AMˆDirector of Nursing #1ˆstatedˆurinary catheter drainage bagsˆneededˆa privacy cover bag. Some residents messedˆwith theirˆurinaryˆcatheters,ˆso itˆwasˆharder to keep them coveredˆ 10 New York Codes, Rules, and Regulationsˆ415.3(c)(1)(i)ˆ

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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. Based on record reviews and interviews conducted during the survey, the facility failed to ensure a comfortable homelike environment with reasonable care for protection of residents clothing from loss or theft for one (1) (Resident #42) of two (2) residents reviewed. Specifically, Resident #42 was admitted to the facility with personal clothing that was unable to be located or accounted for after being laundered, there was no documented evidence that an investigation was completed. This is evidenced by: The facility policy titled Misappropriation of Property dated 07/2019 documented on admission a list personal items on personal property including clothing was to be documented on the personal property list form. If a resident claims their property has been lost or misappropriated staff was to conduct an investigation. Resident #42 Resident #42 was admitted to the facility with diagnoses of Toxic encephalopathy (a brain and memory disorder), Type 2 Diabetes Mellitus (chronic high blood sugar levels) and Depression (persistent feeling of sadness). The Minimum Data Set (an assessment tool) dated 02/04/2026, documented they could be understood, understand others, and was cognitively intact.ˆ Record Review: Review of Personal Property form dated 11/17/2025 did not document clothing Resident #42 had upon admission. There was no documented evidence of an investigation report or grievance completed for residents missing clothing. There was no documented evidence of a search for, or the location of clothing reported missing. Interviews: During an interview on 03/10/2026 at 1:56 PM, Family Member #1 stated they visited at least every other day. When the resident was admitted to the facility, they had brought the residents clothing which was collected by staff. There had been clothes missing a little over a month, to the best of their recollection it was a few sweaters and long sleeve tops. They had spoken to someone (unnamed staff), they had checked laundry area in the facility with the staff member, and the clothing was not located. There was no follow up on the missing clothing after laundry area was checked. They stated they then started doing the residents' laundry instead of having facility do it. During an interview on 03/12/2026 at 1:30 PM, Registered Nurse #4 stated if clothing or items go missing, they called laundry to see if the items could be located. They were not aware of any missing item forms that would have been filled out for missing clothing. They would not go further than looking for the missing clothing or items unless a grievance form was completed. They stated they were aware that Resident #42 had missing clothing that had not been located. Family Member #1 had since started doing the residents' laundry, and there had been no further complaints about missing (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	clothing for the resident. During a subsequent interview on 03/17/2026 at 10:50 AM, they stated Certified Nursing Assistants were responsible for filling out personal property forms. During an interview on 03/16/2026 at11:40 AM,ˆDirector of Social Services #1 statedˆfor missing items such as clothing, they would go to laundry area to try and locate the missing item. They stated there were no forms that were filled out for missing clothing, it was verbally communicated through the facility when clothing was missing. The process was to have all items labeled. They had educated staff, residents, and family members on the process for labeling. There was a bin at the front desk that clothing was to be placed in to be labeled by the facility.ˆ ˆ ˆ During an interview on 03/16/2026 at 2:41 PM, Administrator #1 stated the process for missing clothing was to notify laundry with a description of the missing item/s. They stated they have had issues in the facility with family labeling clothing; these labels tended to be washed off during laundering. They have educated families about the preferable method of having laundry labeled in house rather than labeling items themselves. There was a bin at the front desk for clothing to be placed in, the clothing in the bin was sent to be labeled in house. There was an unclaimed clothing rack in laundry for items that were not labeled, clothing is not disposed of it would remain until claimed. There was a separate rack for clothes that had been donated to the facility, the two racks were not in the same area and unlabeled clothing would not go on the donate rack. There were no missing items forms for missing clothing; missing clothing was communicated verbally in the facility.ˆGrievance forms were filled out for other missing items and investigations were started for missing money. ˆ ˆ ˆ During an interview on 03/17/2026 at 11:05 AM, Certified Nursing Assistantˆ#9 stated they would fill out personal property form when a resident entered the facility, they would include things such as wallets, clothing, money, and everything that belong to the resident. They would ask if clothing needed to be labeled and if family or the facility would do the residents' laundry. If they were made aware of a missing item such as clothing, they would get a description of the item and begin to look for the item. They would report the missing item with the description to the nurse. They were unaware of any missing item forms or any form that a Certified Nursing Assistant would fill out for missing clothing. During an interview on 03/17/2026 at 11:12 AM, Certified Nursing Assistant #8 stated they filled out personal property forms for residents. All personal items including clothing were to be listed on the form. They would ensure clothing was labeled or was sent to be labeled. If they were made aware of missing clothing, they would go to the laundry area to find the item personally and report the missing item to the nurse as well as the unit manager. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 New York Codes, Rules, and Regulations 415.12(h)(1)(2)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observation and interviews conducted during the survey, the facility failed to ensure that residents were provided with treatment and care according to professional standards for one (1) (Resident #91) of 30 residents reviewed. Specifically, Resident #91 had a Port a Cath (implanted venous access device) with a sterile dressing that was undated and not adhered to skin creating a risk for Central Line Blood Stream Infection. This is evidenced by: The facility policy titled Implanted Venous Port Accessing dated 01/2022 documented a sterile dressing would be changed at least every seven (7) days and with any complications. The dressing was to be labeled with the date, time, and nurse initials. The facility policy titled Central Venous Access Device CVAD Dressing change dated 01/2022 documented dressing changes where to be done as per Intravenous (administered into a vein) order and when dressing becomes compromised, such as when wet, loose, or soiled. Vascular access device (medical device that provides reliable access to the blood stream) should be monitored at least every two (2) hours during a continuous infusion and at least once per shift when not in use. Resident #91 Resident #91 was admitted to the facility with diagnoses of cholecystitis (inflammation of the gallbladder), Type 2 diabetes mellitus with chronic kidney disease (chronic high blood sugar levels causing chronic kidney disfunction) and chronic kidney disease stage 3B (moderate to severe loss of kidney function). The Minimum Data Set (an assessment tool) dated 01/24/2026, documented they could be understood, understand others, and was cognitively intact.ˆ Record Review: Review of Medication Administration Record dated 02/01/2026-02/28/2026 documented: Sterile membrane dressing was to routinely be changed on day shift weekly on Wednesdays revealed there was no documented evidence of a Port-a-Cath dressing change on 02/25/2026 Sterile dressing change as needed. documented on 02/16/2026 a sterile dressing changed, was documented. There were no other as needed sterile dressing changes documented. Supervisor to check Intravenous site every evening shift Monday, Wednesday, and Friday revealed no documented evidence completed on 02/02/2026, 02/04/2026, 02/06/2026, 02/13/2026, 02/16/2026, 02/25/2026, or 02/27/2026. There was no documented medication administration order to check vascular access device every two (2) hours while the resident had continuous infusion or every shift while vascular access was not in use. Review of Medication Administration Record dated 03/01/2026-03/15/2026 documented: There were no as needed sterile dressing changes documented. Supervisor to check Intravenous site every evening shift on Monday, Wednesday, and Friday revealed (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	no documented evidence of intravenous site check, completed on 03/04/2026 or 03/13/2026. There was no documented medication administration order to check vascular access device every two (2) hours while the resident had continuous infusion or every shift while vascular access was not in use. Review of care plan tilted, Intravenous Therapy Port-a- Cath initiated on 10/12/2025 revised on 3/10/2026 documented interventions were to monitor site for placement and signs/symptoms of infection every shift. Change dressing every seven (7) days and as needed. Observations: During an observation on 03/10/2026 at 11:06 AM, Resident #91 was in their room lying in their bed, alert and orientated watching television. Sterile dressing was noted to be peeling off and not adhered to skin at their Port-a-Cath site on their right upper chest from the bottom extending up to the Port-a-Cath site. There was clear tape present on the bottom potion of the dressing that was not adhered to skin. The dressing was not dated or labeled with a signature or initials. During an observation on 03/16/2026 at 12:00 PM, Resident #91 was in their room lying in their bed, alert and orientated watching television. Sterile dressing was noted to be peeling off and not adhered to skin at their Port-a-Cath site on their right upper chest from the bottom extending up to the Port-a-Cath site. The dressing was not dated or labeled with a signature or initial. During an observation on 03/17/2026 at 11:00 AM, Resident #91 was in their room lying in their bed, alert and orientated watching television. Hydration infusion was running via infusion pump. Sterile dressing was noted to be peeling off and not adhered to skin at their Port-a-Cath site, on their right upper chest from the bottom extending up to the Port-a-Cath site. The dressing was not dated or labeled with a signature or initials. Interviews: During an interview on 03/10/2026 at 11:06 AM,ˆResident #91 statedˆtheir dressing frequently peels off. The nurses would sometimes put a piece of tape over the bottom if they noticed it. During an interview on 03/16/2026 at 11:23 AM,ˆNurse Educator #1 statedˆRegistered Nurse #4 changed the resident's dressing weekly on Wednesday's. They were aware of the difficulties keeping the residents dressing intact and adhering to skin. The resident refuses showers and baths which causes an issue with the sterile dressing adhering. They administered the residents' hydration fluids as ordered, and if they were not in the building another Registered Nurse would. They would expect the resident's Port-a-Cath dressing to be intact and labeled with minimally a date. If the residents' Port-a-Cath dressing was to be observed to be peeling, they would expect the dressing to be reenforced or changed.ˆˆ During an interview on 03/16/2026 11:56 AM, Registered Nurse #4 stated they changed the resident's Port-a-Cath and sterile dressing on the day shift weekly on Wednesdays. They stated the resident refuses to bathe which causes their sterile dressing to continuously peel off. If they observed the dressing peeling off, they would replace the dressing, as well as label dressing with date, time, and their initials. If another staff member observes the residents' dressing not to be intact, they typically would tell them, and they would change the dressing. Surveyor brought to their attention dressing was (continued on next page)

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	peeling off and was not labeled with date, time or initials. They stated label must have come off. They reviewed the resident's medication administration record, they stated there was no order to monitor dressing every shift. ^ ^ During an interview on 03/18/2026 at 11:15 AM, Director of Nursing #1 stated Central Line/Port-a-Cath dressing should always be clean, dry, intact, and labeled with a date. If the dressing was not intact it would be a potential for infection. 10 New York Codes, Rules, and Regulations 415.12(h)(1)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335325	A. Building B. Wing	03/18/2026

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during a survey, the facility failed to ensure that its medication error rate did not exceed five (5) percent for three (3) (Resident #s 57, 67, and 137) of four (4) residents observed during a medication pass for a total of 27 observations. This resulted in a medication error rate of eleven (11) percent. This is evidenced by: The facility's policy and procedure titled, Medication Pass Policy, revised 9/23/2024, documented, acceptable medication pass time is one (1) hour before and one (1) hour after the scheduled time for most medications. Always observe residents until they have swallowed all medications that have been administered. Do not leave medication in medication cup at the bedside or on tableside. Remember the six (6) rights of medication pass: Right Resident, Right Drug, Right Dose, Right Dosage Form, Right Route, Right Time. Resident #57 was admitted to the facility with the diagnoses of atrial fibrillation (a rapid uncontrolled heart rate), hip fracture, and depression. The Minimum Data Set, dated [DATE], documented the resident was able to be understood, understood others and was significantly cognitively impaired. Resident #67 was admitted to the facility with the diagnoses of atrial fibrillation (a rapid uncontrolled heart rate), orthostatic hypotension (a sudden drop in blood pressure occurring when standing up from a sitting or lying position), and dementia (a progressive degenerative neurological disease causing memory problems). The Minimum Data Set, dated [DATE], documented the resident was able to be understood, understood other and was severely cognitively impaired. Resident #137 was admitted to the facility with diagnoses of atrial fibrillation (a rapid uncontrolled heart rate), chronic pain (unrelieved pain), gastro-esophageal reflux disease without esophagitis (a form of heartburn without visible damage to the esophagus). The Minimum Data Set, dated [DATE], documented the resident had could make themselves understood, understood others and was cognitively intact. During an observation on 3/12/2026 at 9:38 AM, Licensed Practical Nurse #5 reviewed Resident #137's Medication Administration Record. They stated Resident #137 was to receive carboxymethylcellulose sodium Ophthalmic Solution [TheraTears] at 9:00 AM, pulled a bottle of eye drops from medication cart, and then showed the surveyor. Upon observation, it was noted the eye drop bottle pulled was Lumigan eye drops. The surveyor pointed out discrepancy to Licensed Practical Nurse #5 at the time of observation. During an interview on 3/12/2025 at 9:40 AM, Licensed Practical Nurse #5 stated they picked up the wrong medication in error and replaced the Lumigan eye drops. During an observation on 3/12/2026 at 9:50 AM, Licensed Practical Nurse #5 reviewed Resident #57's Medication Administration Record. They stated Resident #57 was to receive metoprolol tartrate oral tablet at 9:00 AM, pulled the medication card from medication cart, and then showed the surveyor. Licensed Practical Nurse #5 had taken Resident #57's vital signs prior to preparing the medication and their blood pressure was noted to be 99/66. The surveyor asked as Licensed Practical Nurse #5 prepared to pop the pill from the card, if there (continued on next page)

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	335325	A. Building B. Wing	03/18/2026

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	were parameters required checking before administration of metoprolol. Licensed Practical Nurse #5 looked at the order again and noted that the parameters in the order stated hold for systolic blood pressure less than 100. Licensed Practical Nurse #5 stated that Resident #57 should not receive the metoprolol because of their blood pressure, stopped attempting to pop the pill out of the card, and replaced it to the cart and documented held for blood pressure parameters. During an observation on 3/13/2026 at 9:17 AM, Licensed Practical Nurse #2 reviewed Resident #67's Medication Administration Record. They stated Resident #67 was to receive midodrine hydrochloride 2.5 MG Oral Tablet at 7:30 AM, pulled the medication card from medication cart, and then showed the surveyor. Licensed Practical Nurse #2 administered the medication without error. Upon returning to the medication cart, Licensed Practical Nurse #2 started to change the administration time for Midodrine to 7:28 AM instead of the administered time at 9:17 AM. The Surveyor stopped Licensed Practical Nurse #2 from doing so. During an interview on 3/13/2026 at 9:30 AM, Licensed Practical Nurse #2 stated without prompting or asking that they were told to back date to the time the medication was due if it was late. When asked who told them to do that, Licensed Practical Nurse #2 stated that the previous Director of Nursing told the nurses to do that, but they had left the facility a month ago. When asked if that rule was reinforced by anyone since the previous Director of Nursing left, Licensed Practical Nurse #2 stated no. During an interview on 3/13/2026 at 10:30 AM Licensed Practical Nurse #3 stated that if a medication was being given outside the time parameters, they would let the provider know and let the nurse manager know. Licensed Practical Nurse #3 stated they did not change the time of medication administration. They would ask the provider what they were supposed to do for the next dose of the medication. ^ During an interview on 3/13/2026 at 10:56 AM, Licensed Practical Nurse #6 stated that they were orienting with Licensed Practical Nurse #5 and that if a medication was given late, they would not change the time, they would document when the medication was given.^ ^ During an interview on 3/13/2026 at 10:46 AM, Licensed Practical Nurse #7 stated that they documented when a medication was given and if they gave a medication late, they would let the Nurse Manager and Medical Provider know.^ ^ During an interview on 3/18/2026 at 10:10 AM, Registered Nurse #1 stated that no one had ever told them to alter medication times to fit the time they were due. Registered Nurse #1 stated that if medication was late, the staff should tell the provider and the Unit Manager, document the correct time and ask the provider if there were alternate orders they wanted to give. During an interview on 3/19/2026 at 11:15 AM, Director of Nursing #1 stated that nurses needed to (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	check the orders and administer the medications according to the parameters. They should not alter times in the electronic record. During an interview on 3/18/2026 at 12:17 PM, Administrator #1 and Director of Nursing #1 stated that they had educated Licensed Practical Nurse #2 and started house wide education of nurses about the importance of accuracy with medication records. 10 New York Codes, Rules, and Regulations 415.12 (m)(1)