

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335334	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2024
NAME OF PROVIDER OR SUPPLIER The Riverside		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Riverside Drive New York, NY 10024	

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)
<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on record review and interviews conducted during the Recertification survey from 11/13/2024 to 11/20/2024, the facility did not ensure that, to the extent practicable, the resident or resident representative participated in the development, review, and revision of the comprehensive care plan. Specifically, the care planning meeting was not held at the time-of-day Resident #55 was available to participate. This was evident in 1 out of 3 residents reviewed for Care Plans out of 39 residents. (Resident #55)</p> <p>The Finds include:</p> <p>The facility policy and procedure titled Comprehensive Care Plans, with the last revised date of 10/01/2024, documented that the Resident/Representative is encouraged to participate in development and amendment the comprehensive care plans. The Social Worker/Designee will notify the resident and the responsible party of the care plan conference date and time. Every effort will be made to schedule care plan meetings at the best time of the day for the resident/representative.</p> <p>Resident #55 was admitted to the facility with diagnoses that include Diabetes Mellitus and End Stage Renal Disease.</p> <p>The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #55's cognition intact with a Brief Interview of Mental Status score of 13.</p> <p>On 11/14/2024 at 9:17 AM, Resident # 55 was interviewed and stated, they informed me about the meeting, but I could not go. I am not around on Mondays when they have a meeting. They try to do it early, but I leave at 8:30 AM for dialysis and return at 4:00 PM.</p> <p>Care Plan note dated 03/15/2024 at 9:46 AM documented the upcoming care plan meeting for 03/18/2024. Resident # 55 stated that they have dialysis and would like to reschedule. The writer will follow up with the assigned social worker.</p> <p>The Care Plan meeting note dated 03/18/2024 at 11:53 AM has no documented evidence that Resident # 55 participated in the care plan meeting.</p> <p>(continued on next page)</p>

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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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Care Plan note dated 04/26/2024 at 10:32 AM documented the upcoming care plan meeting is scheduled for 04/29/2024. Resident # 55 stated that they have dialysis and would like to reschedule. The writer will follow up with the assigned social worker.</p> <p>The care plan meeting note dated 04/29/2024 at 1:20 PM has no documented evidence that Resident # 55 participated in the care plan meeting.</p> <p>Care Plan note dated 07/26/2024 at 1:14 PM documented the upcoming care plan meeting for 07/29/2024. The Admission/Discharge Planner went to see Resident #55 at the bedside. The resident was alert and stated that they had dialysis on the day of the care plan meeting. The writer will follow up with the assigned social worker.</p> <p>The Care Plan meeting note dated 07/30/2024 at 5:31 PM has no documented evidence that Resident # 55 participated in the care plan meeting.</p> <p>Care Plan note dated 10/25/2024 at 7:32 PM documented an upcoming care plan meeting is scheduled for 10/28/2024. The Discharge Planner went to see Resident # 55 at their bedside. The resident agreed with the care plan meeting. The writer advised the team to come to the resident's room for the care plan meeting, and the resident verbalized understanding.</p> <p>The Care Plan note dated 10/29/2024 at 5:35 PM has no documented evidence that Resident #55 participated in the care plan meeting.</p> <p>On 11/18/2024 at 12:18 PM, Social Worker #2 was interviewed and stated that Resident # 55 was invited to the care plan meeting but could not attend because of dialysis. Last week, we scheduled the care plan meeting for a different day when the resident was not in dialysis. There should have been an exception for the resident's care plan meeting to be scheduled on a different day. We should be able to make time for the resident to attend their care plan meeting. The team gives the resident an update after the meeting.</p> <p>On 11/20/2024 at 9:26 AM, the Discharge Planner was interviewed and stated they did the care plan meeting invitation. A few times, Resident #55 said that they had dialysis on the scheduled care plan meeting day. The Social Worker was informed that the resident had dialysis on the day of the care plan meeting. The Social Worker said, Okay, we will gather with the team to meet with the resident.</p> <p>On 11/20/2024 at 11:06 AM, a follow-up interview was conducted with Social Worker #2. Social Worker #2 stated that they were aware that Resident #55 would not be available to attend the care plan meeting because the resident had a dialysis appointment. The care plan meeting was not rescheduled. The Discharge Planner informed me that the resident would not be available, but we still went on with the meeting.</p> <p>On 11/19/2024, at 3:04 PM, the Director of Social Services was interviewed and stated, that Resident # 55 was on dialysis, so the resident could not participate in the care plan meeting. We just recognized this and changed the day of the care plan meeting. Resident #55 care plan meeting is held on Mondays, and the resident goes for dialysis on Mondays. It is the schedule for the floor. It was an error, and we have corrected it.</p> <p>(continued on next page)</p>		

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<p>F 0553</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/2024 at 1:16 PM, the Director of Nursing was interviewed and stated that alert residents are invited to care plan meetings. We should have coordinated the time that is convenient for the resident. We should have coordinated the care plan meeting on a non-dialysis day. The resident goes for dialysis every Monday. It should not be the same day; they should have changed the meeting date.</p> <p>10 NYCRR 415.11(c)(2)(i-iii)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41709</p> <p>Based on observations, interviews, and record reviews conducted during the Recertification Survey from 11/13/2024 to 11/20/2024, the facility did not ensure that a person-centered Comprehensive Care Plan was developed and implemented to meet the resident's goals, and address the resident's medical, physical, mental, and psychosocial needs. Specifically, 1) Resident # 100 who had diagnosis of Dementia had no care plan in to address a Dementia diagnosis. 2) Resident # 186 receiving an Anti-depressant and Opioids had no care plan in place. This was evident of two of 5 residents investigated for Unnecessary Medications out of a sample of 39 residents (Resident #100 and Resident #186).</p> <p>The findings are:</p> <p>The facility policy and procedure titled Comprehensive Care Planning, with the last revised date of 10/1/2024, documented that the facility will develop a comprehensive, person-centered care for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and physiological needs which are identified in the comprehensive assessment and lead to the resident's highest obtainable level of independence.</p> <p>1) Resident #100 was admitted to the facility with diagnoses that include Cerebrovascular accident, Non-Alzheimer's Dementia, Depression, and History of Falling.</p> <p>The Admission Minimum Data Set assessment dated [DATE] documented Resident #100's cognition as severely impaired with a Brief Interview for Mental Status score of 3. The Minimum Data Set further documented the resident has a diagnosis of Non-Alzheimer's Dementia.</p> <p>Physician's Progress Note Late Entry dated 10/30/2024 00:00 documented Chief complaint for Psychiatric evaluation follow up. Brief Interview for Mental Status score of 3 on 9/12/24. Patient is a [AGE] year-old. Chart Reviewed, case discussed with staff. No current behavioral problems reported. Patient denied current symptoms of depression. Psych medications include Lexapro 15 mg daily.</p> <p>Physicians Encounter Progress Note dated 10/27/2024 at 01:00 documented resident is a [AGE] year-old patient with Past medical History of Depression, Hypertension and Dementia.</p> <p>A Nursing Progress Note dated 10/24/2024 at 15:54, documented Resident alert and oriented times one. Resident status post fall and resident remains stable with no new complains or signs of discomfort, no delayed symptoms, bruises, skin tear. Continue monitoring for any status changes.</p> <p>Social Service Progress Note dated 9/12/2024 at 10:04AM documented the Social Services Evaluation was completed for resident. Reason for Evaluation: Advance Directives in Place: Full Code. Communication: Primary Language: Primary Language: English. Speech Pattern: Clear speech. Ability to Express Ideas and Wants: Understood. Understanding Verbal Content: Understands. Brief Interview for Mental Status : 3.0 Severe Impairment. Mild Depression.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Social Services Admission/Re-admission Progress Note dated 9/12/2024 at 11:49AM, documented Late Entry: Resident is a [AGE] year-old admitted to the Riverside Rehab from Mount [NAME] St. [NAME] on 9-11-24 with the diagnoses of Closed displaced intertrochanteric fracture of right femur, Dementia. Resident scored 3 on the Brief Interview for Mental Status and resident's mood appears stable.</p> <p>A review of Resident #100's medical records revealed no documented evidence that a comprehensive care plan with interventions for Resident #100's Dementia diagnosis was initiated and implemented.</p> <p>On 11/20/24 at 09:40 AM, The Director of Nursing was interviewed and stated, initiating Care Plans depends on the specific Care Team responsible. The Director of Nursing stated for cognitive impairment residents the Social work department is responsible for initiating the care plan, because they complete the resident Brief Interview for Mental Status and depending on the score received, the Social Worker will be alerted on the cognition of the resident. The Director of Nursing stated the Department Head of Social Work is responsible for monitoring if that the care plans are implemented based on the resident triggers and plan of care. The Director of Nursing also stated all the care teams are responsible for completing the care plans and the expectation is that this is done on admission, quarterly, annually, and episodic and as needed. The Director of Nursing added was not sure what happened in this case.</p> <p>On 11/20/24 at 09:24 AM, the Director of Director of Social Work was interviewed and stated the Social Work Department is responsive for initiating the Cognitive Impairment Care plan for residents with Dementia and low Brief Interview for Mental Status scores. The Director of Social Work stated when a resident is admitted to the facility the Social Worker assessed the resident and based on the resident's Brief Interview for Mental Status score the care plan is initiated. The Director of Social Work stated based on the resident's Brief Interview for Mental Status a Cognitive Impairment Care plan should be implemented. The Director of Social Work also stated, I monitor that the Care plans are in place by conducting audits and reviewing all care plans for new admission. The Director of Social Work did not state what happened with this resident's care plans and or if the resident care plan was audited. The Director of Social Work added, this was just an oversight.</p> <p>On 11/19/24 at 10:39 AM, Social Worker #1 was interviewed and stated, Social Service is responsible for initiating the Cognitively Impaired Dementia Care Plans. Social Worker #1 stated the resident who is cognitively impaired was admitted on the 14th floor and not sure if the care plan for Dementia/Cognitively impairment was initiated or not. Social Worker #1 stated, care plans differ from floor to floor, and every care plan looks different. Social Worker #1 stated I will go and review the resident's record and will get back to Surveyor about the care plan.</p> <p>On 11/19/24 at 10:57 AM Social Worker #1 returned to speak with Surveyor and stated, the resident is cognitively impaired with Brief Interview for Mental Status score of 3. They have communication issues and have a diagnosis of Dementia. Social Worker #1 also stated the initiating of the care plan was an oversight, and added I am not sure what happened but will put the care plan in place.</p> <p>50894</p> <p>2. Resident #186 had diagnoses including Multiple Sclerosis, Depression, and a Right Femur Fracture. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #186 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Hospital Discharge Summary dated 06/03/2024 documented that Resident #186 was discharged from the hospital to the facility with an order for Oxycodone 5 mg every 4 hours as needed for pain.</p> <p>Review of the Order Recap Report dated 06/01/2024 through 06/30/2024 documented that from 06/10/2024 to 06/17/2024, Resident #186 had an order for Oxycodone HCl 5 mg to be taken every 4 hours as needed for pain. This order was renewed on 06/19/2024 and ended on 06/26/2024.</p> <p>Review of the Medication Review Report dated 07/01/2024 through 11/19/2024 documented that this order for Oxycodone was renewed on 07/09/2024. The Medication Review Report also documented that Resident #186 had orders to receive Oxycodone HCl 5 mg every 12 hours for pain placed on 09/16/2024, 10/30/2024, and 11/13/2024.</p> <p>Review of Psychiatry Progress Note dated 06/18/2024 documented that Resident #186 reported signs and symptoms of clinical depression and was recommended to start Citalopram Hydrobromide 10 mg daily.</p> <p>Review of the Medication Review Report dated 07/01/2024 through 11/19/2024 documented that an order was placed for Resident #186 to receive Citalopram Hydrobromide 10 mg daily for depression on 06/20/2024. This order was renewed on 07/07/2024 and remained active as of 11/19/2024.</p> <p>Review of the November 2024 Medication Administration Record documented that Resident #186 received Oxycodone HCl 5 mg every 12 hours and Citalopram Hydrobromide 10 mg daily as ordered between 11/01/2024 and 11/19/2024.</p> <p>Review of Resident #186's medical record revealed no documented evidence that comprehensive care plans related to Oxycodone usage or Citalopram usage were created or implemented.</p> <p>On 11/18/2024 at 02:27 PM, Registered Nurse Manager #6 was interviewed and stated that residents on opioid medications and antidepressant medications are supposed to have care plans created specifically to address those medications. The care plans would include information related to the medication's purpose and potential side effects of the medication. Registered Nurse Manager #6 stated that the nurse manager on duty at the time of the first order being placed would be responsible for creating the care plan. Registered Nurse Manager #6 was unable to provide an explanation for why care plans for Oxycodone HCl and Citalopram were not created for Resident #186.</p> <p>On 11/19/2024 at 11:08 AM, the Director of Nursing was interviewed and stated that residents on opioid medications and antidepressant medications should have care plans in place related to those medications. They stated that the nurse manager on the unit would be responsible for creating the care plans. The Director of Nursing was unable to provide an explanation for why care plans for Oxycodone HCl and Citalopram were not created for Resident #186.</p> <p>10 NYCRR 415.11(c)(1)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136</p> <p>Based on observation, record review, and interviews conducted during the recertification survey from 11/13/2024 to 11/20/2024, the facility did not ensure an ongoing activities program was provided to meet the resident's interest and support the resident's physical, mental, and psychosocial well-being. This was evident in 2 (Resident #247 and 384) of 4 residents reviewed for Activities out of 39 sampled residents. Specifically, Residents #247 and 384, who reside in the Memory Care (Dementia) unit, were not provided with activities that met the residents' preferences and cognitive abilities.</p> <p>The findings are:</p> <p>The facility's policy and procedure titled Activity, with the last revised date of 10/22/2024, documented that group activities are available. The activities calendar is completed and maintained to inform residents, families, and staff of the activity opportunities available.</p> <p>The November 2024 Activities calendar for the 11th floor was posted in the dining room. Activities from 11/13/2024 through 11/20/2024 are as follows:</p> <p>On 11/13/2024, Riverside news at 9:30 AM all units, Riverside cafe 10:30 AM select units, one to one music therapy 12:30 PM, drive-in snack cart at 1:30 PM on the 11th floor, Classic hour at 4:00 PM, Live music at 6:30 PM on the 11th floor.</p> <p>On 11/14/2024, Riverside news at 9:30 AM for all units, Doll therapy at 10:00 AM, birthday party at 2:30 PM on 11th floor.</p> <p>On 11/15/2024, Riverside news at 9:30 AM all units, painting and the price is right 11:00 AM, and virtual reality at 1:30 PM on select units.</p> <p>On 11/16/2024, Riverside news at 9:30 AM all units, one to one Affirmation at 10:30 AM all units, ball toss, selected units at 11:00 AM, Activities rolling cart at 2:30 PM all units, Manicure selected units at 4:00 PM.</p> <p>On 11/17/2024, Riverside news at 9:30 AM all units, 1 1 Affirmation at 10:30 AM all units, ball toss, selected units at 11:00 AM, Activities rolling cart at 2:30 PM all units, Manicure selected units at 4:00 PM.</p> <p>On 11/18/2024, Riverside News at 9:30 AM, all units</p> <p>On 11/19/2024, Riverside News at 9:30 AM for all units, doll therapy at 10:00 AM for all units, Riverside Cafe at 10:30 PM for select units, balloon games at 2:20 PM, 1:1 sensory stimulation at 3:30 PM</p> <p>On 11/20/2024, Riverside news at 9:30 AM for all units, Riverside Cafe at 10:30 AM for select units, 1:1 music therapy at 12:30 PM, drive-in snack cart on the 11th floor, and Live music at 6:30 PM on the 11th floor.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1. Resident #247 was admitted with diagnoses that include Hypertension and Alzheimer's Disease.</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] documented Resident #247's cognition as severely impaired with a Brief Interview for Mental Status (BIMS) score of 6. The annual minimum data set assessment dated [DATE] documented that according to Resident #247's family, it is very important for the resident to do their favorite activities, and somewhat important to have books and newspapers to read and listen to music.</p> <p>On 11/14/2024, at 10:47 AM, Resident # 247 was observed out of bed in the dining room. The television was on, and the resident's head was on the table. There were no ongoing activities. At 11:34 AM, the resident was observed sleeping in the dining room, with a daily chronicle in front of the resident and other residents. The television was on, and no other activities were noted.</p> <p>On 11/15/2024 at 2:43 PM, Resident # 247 was observed out of bed in a wheelchair in their room with the television on. There were no supplies for independent use in the resident's room.</p> <p>The Comprehensive Care Plan related to Activities initiated on 09/16/2022 documented Resident #247's interest in attending recreational programs and being independent in leisure while not involved in any structured group programs. The interventions include offering supplies for independent use and providing la carte-type activities.</p> <p>Resident #247's activities attendance record dated 11/05/2024 to 11/16/2024 documented that the resident was active in eight activities. The attendance record shows no activities offered on 11/08/2024 through 11/11/2024.</p> <p>2. Resident # was admitted to the facility with diagnoses that include Cerebrovascular Accident (CVA) and Alzheimer's Dementia.</p> <p>The Minimum Data Set assessment dated [DATE] documented Resident # 384 cognition as severely impaired with a Brief Interview for Mental Status score of 3. The annual minimum data set assessment dated [DATE] documented that it is very important for the resident to have books, newspapers, and magazines to read, listen to music, keep up with the news, do things with groups, do favorite activities, and participate in religious services or practices.</p> <p>On 11/13/2024 at 11:14 AM, Resident #384 was observed in the dining room with other residents, with the television on. There were no one-on-one or group activities.</p> <p>On 11/14/2024 at 11:34 AM, Resident #384 was observed in the dining room with 20 other residents, with the television on and the Price is Right playing. The daily chronicle was in front of the residents. No one-on-one or group activities were noted.</p> <p>On 11/15/2024, at 10:42 AM, Resident #384 was observed in the dining room with 15 other residents, with no ongoing activities. The television was on.</p> <p>On 11/20/2024 at 10:49 AM, Resident #384 was observed coloring in the dining room. There were other residents observed coloring in groups.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/2024 at 10:50 AM, Resident #384 was interviewed and stated that they like coloring but do not do it because they do not have anything like that. They started doing this today, and this is my first time doing this. I usually come and eat, sit, and watch television.</p> <p>The Comprehensive care Plan related to Activities initiated on 05/03/2024 documented that the resident or family or significant other stated that it is very important for the Resident #384 to have books, newspapers, and magazines to read, listen to music, keep up with the news, and do things with groups of people. The interventions documented include providing 1:1 visit, sensory stimulation, monthly calendars, supplies/materials as needed, reminders.</p> <p>Resident #384's Activities attendance record dated 11/05/2024 to 11/19/2024 documented that the Resident #384 was active in 18 activities and declined one. The attendance record shows no activities on 11/7, 11/8, 11/9, 11/11, 11/12 and 11/17/24.</p> <p>On 11/19/2024 at 11:03 AM, Certified Nursing Assistant #5 was interviewed and stated that sometimes Resident #247 goes to the dining room and play dominos. An activity staff comes daily, either in the morning or the evening, and does activities with the residents. At times, I sing with the residents to entertain them.</p> <p>On 11/19/2024 at 11:17 AM, Certified Nursing Assistant #6 was interviewed and stated that all the residents had to be out of bed and stay in the dining room. We take turns watching the residents every hour. Sometimes, we play Bingo with the residents, play music, and dance with them.</p> <p>On 11/19/2024 at 11:23 AM, the Recreation Director was interviewed and stated that the activity aide for the floor was off today. The aide does color, nail painting, and cognitive games daily. We do not have activity when the aide is off. The Certified Nursing Assistants play games with the residents when the assigned aide is not on duty. There is a plastic container with games in the dining room. The Recreation Aide distributes reading materials to the residents in the morning and does 1:1 room visits. Some residents like to watch television, which is a form of activity. They watch shows such as The Price is Right.</p> <p>On 11/20/2024 at 12:37 PM, Certified Nursing Assistant #4 was interviewed and stated that Resident #384 is independent and participates in activities when there are any. The resident likes to paint and sing. The recreation staff come and do nails or plays games with the residents for about an hour, then leave. The recreation staff comes and goes back and forth. The residents watch television in the dining room.</p> <p>On 11/20/2024 at 10:35 AM, Licensed Practical Nurse #2 was interviewed and stated, at times they sing to the residents. The resident stays in the dining room, sleeps, and watches television when there are no activities. There are no ongoing activities all the time.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Riverside		STREET ADDRESS, CITY, STATE, ZIP CODE 150 Riverside Drive New York, NY 10024	
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)		
<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/20/2024 at 12:13 pm, the Recreation Therapist was interviewed and stated, they are responsible for the 11th-floor activities and do paperwork such as documentation, progress notes, attendance, and care planning meetings. Thursday, I did painting with four residents in the morning for 45 minutes at 11 am. I do one-to-one therapy with those who cannot paint. I did two residents' nails on Friday, but the rest declined. I also transport residents to and off the unit programs, which can take about three and a half hours. There is no coverage when I am off. We do arts and crafts and word searches and puzzles for about an hour. There are a lot of cognitively impaired residents, and I do music with them.</p> <p>On 11/20/2024 at 1:21 PM, the Director of Nursing was interviewed and stated that they make rounds on the unit in the morning. Sometimes, I see activities going on the 11th floor. The Certified Nursing Assistants play music for the residents. They have rolling carts and riverside news. They have games that they play with them. It was brought to our attention yesterday that there are no ongoing activities on the unit. We had a meeting to do something immediately. We will improve the activities in the units.</p> <p>10NYCRR 415.5(f)(1)</p>		