

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Montgomery Nursing and Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2817 Albany Post Road<br>Montgomery, NY 12549 |                                                 |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observations, interviews, and record review, the facility failed to ensure residents remained free from abuse for one of two residents (Resident #57) reviewed for abuse. Specifically, Resident #49's comprehensive care plan was not reviewed or revised after increased agitation, paranoia, hallucinations and verbal aggression on 04/15/2026. Subsequently, on 04/17/2026, Resident #49 physically assaulted Resident #57 while in the dining room, by grabbing their neck and placing Resident #57 in a choke hold. This resulted in actual physical and psychosocial harm to Resident #57 that was not Immediate Jeopardy. The findings include: The Policy for abuse and neglect last revised 12/07/2021 documented that all residents will be free of abuse. 1. Resident #57 (victim) had diagnoses that included dementia (disease of the brain characterized by progressive persistent loss of intellectual function), osteoarthritis (disease characterized by breakdown of cartilage and bone and joint pain), and chronic pain (persistent pain lasting longer than three months). The quarterly Minimum Data Set (a resident assessment tool) dated 03/29/2026 documented moderately impaired cognition, mood score (severity of depressive symptoms) was zero, no behaviors, and moderate assistance required with most activities of daily living. Resident #57's Care Plan for abuse prevention and prohibition last reviewed on 04/07/2026 documented the facility will establish systems for identifying potential abuse. 2. Resident #49 (aggressor) had diagnoses that included Parkinson's Disease (progressive nervous system disorder characterized by tremors, stiffness, and slow movement), anxiety (emotion characterized by fear, tension, and worry), and depression (mood disorder that causes persistent sadness, low energy, and loss of interest in activities). Resident #49's quarterly Minimum Data Set, dated [DATE] documented Resident #49 had intact cognition, no behaviors, and required moderate assistance for transfers and standing. Resident 49's Care Plan for abuse prevention and prohibition last reviewed 01/26/2026 documented residents with needs and behaviors which might lead to conflict should have appropriate assessment, care planning and monitoring. Resident #49's Care Plan for potential victim/victimizer last reviewed 01/26/2026 documented maintain resident in supervised area as necessary when out of bed, observe for emotional distress around other residents and immediately remove from confrontational situation involving other residents. The Medical Director Order renewal dated 03/12/2026 documented psychology consults and follow up as needed. The Neurology Consultation note for Resident #49 dated 03/26/2026 documented that Resident #49 had increased tremors and reported hallucinations involving gunfights in their room, the Nazi's coming for them, or other things that were not real. They stated they recognized they were not real. The recommendation was not to increase current medications, but to consider additional medication if the hallucinations became intrusive. Licensed Practical Nurse #10 progress note for Resident #49 dated 04/09/2026 at 11:00 PM, documented that (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Resident #49 was unusually confused, paranoid, and agitated that evening. They refused all medications including insulin in fear of being poisoned. There was no documented evidence that a Medical Provider was made aware of Resident #49's medication refusal. The Psychologist #1 note dated 04/10/2026 documented no changes in mental status noted. Worked with the resident for treatment of depression and anxiety. Reduce symptoms of depression and anxiety and provide supportive psychotherapy. There was no documented evidence in the Psychology note to address Resident #49's documented increase in paranoia, agitation, and medication refusal. Licensed Practical Nurse #7 progress note for Resident #49 dated 04/15/2026 at 2:31 PM, documented that Resident #49 exhibited increased confusion when talking to other residents and the nurse. They were unable to explain their thought process when asked. Licensed Practical Nurse #2 progress note for Resident #49 dated 04/15/2026 at 6:13 PM, documented that the increased confusion was discussed with the Medical Director and a new order for lab work was received for 04/17/2026. Registered Nurse #6 progress note for Resident #49 dated 04/15/2026 at 10:53 PM documented that Resident #49 exhibited some agitation and paranoia during bedtime. They became argumentative with Resident #37. Resident #49 had to be removed to have personal space. Resident #49 refused care, was paranoid and asked if the other resident had a gun. Two-person assistance was required to return Resident #49 to bed. Redirected during cares with positive effect. There was no documented evidence that Resident #49's care plan was reviewed and revised to address the documented escalation in behaviors. The Accident and Incident Report dated 04/17/2026 at 12:49 PM, documented a resident-to-resident altercation. While eating lunch, Resident #49 stood up and went behind Resident #57 putting their arms around them. Resident #57 sustained an injury to their right cheek with an area of swelling measuring 3 centimeters by 3 centimeters and a superficial abrasion (superficial skin injury or scrape that wears away the outer layer of skin) to the left cheek measuring 1 centimeter by 0.2 centimeters. They also had bruising to their left lateral wrist. Resident #57's family members refused emergency room evaluation. The Accident and Incident Statement dated 04/17/2026 written by Unit Clerk #3, documented that after lunch, they observed Resident #49 telling Resident #57 to shut up and go paint their nails. Resident #57 did not answer them. Resident #49 got up and put a choke hold around Resident #57's neck. Resident #57 was yelling for Resident #49 to stop, and staff had to remove Resident #49 from Resident #57. The Accident and Incident Statement dated 04/17/2026 written by the Activity Director, documented that they were in the South Day Room dropping a cup off for an upcoming activity. They observed Unit Clerk #3 in the room at a table with residents. After being in the room for two minutes, they heard Unit Clerk #3 gasp. They looked and saw Resident #49 with their arms grasped around Resident #57's neck from behind them. They immediately ran to separate the two residents with the help of certified nurse aides who came into the room to help. Certified Nurse Aide #5 who helped separate Resident #49 and Resident #57 then took Resident #49 out of the room and stayed with them. Licensed Practical Nurse #7 came to ask Resident #49 what happened and assessed their cognition. Registered Nurse Unit Manager #1 progress note for Resident #49 dated 04/17/2026 at 3:39 PM, documented that Resident #49 exhibited behavior outside of their normal baseline, order received to transfer Resident #49 to the emergency room for evaluation. Licensed Practical Nurse Infection Preventionist progress notes for Resident #57 dated 04/17/2026 at 3:22 PM, documented circular reddened, slightly swollen area to the right cheek measuring 3 centimeters by 3 centimeters, superficial abrasion to the left cheek measuring 1 centimeter by 0.2 centimeters under their left eye. Resident #57 reported mild pain to their right cheek as they held the area. The Psychotherapy note for Resident #57 dated 04/17/2026, documented that Resident #57 was seen after they were involved in a resident-to-resident incident where the other resident was (continued on next page)</p> |                                                                                            |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>aggressive. Resident #57 verbalized being scared, safety was reinforced, and support was provided. The Medical Director progress note for Resident #57 dated 04/19/2026 at 11:39 AM, documented a visit on 04/17/2026 for increased anxiety after a resident-to-resident altercation. Anxiety was likely episodic as no previous history of anxiety, supportive therapy for now and monitor symptoms. The Care Plan note for Resident #57 dated 04/21/2026 documented that a high-level care plan meeting was conducted. Discussion regarding medical and psychological management, neck pain, one-to-one support. During an observation on 07/21/2026 at 10:37 AM, Resident #57 was in their room in bed, engaging and pleasant. There were no observed concerns related to fear or mistreatment. During observations on 07/21/2026 at 10:17 AM and 12:56 PM, and 07/22/2026 at 12:56 PM, Resident #49 was in their room with one-to-one supervision. During an interview on 07/22/2026 at 10:13 AM, Resident #57's Representative stated that when the incident occurred on 04/17/2026, they were worried about the response Resident #57 had to the incident. They stated Resident #57 exhibited fear for a period after the incident, but it had since improved and the perpetrator now remained supervised. During an interview on 07/27/2026 at 8:21 AM, the Activity Director stated they witnessed the resident-to-resident altercation involving Resident #49 and Resident #57 on 04/17/2026. They stated Resident #49 grabbed Resident #57 by the neck. They stated they assisted with separating the two residents and other staff responded and helped separate the residents. They stated Resident #49 did not offer a reason for their actions. They stated they were not informed of any changes in Resident #49's behavior before the incident occurred. They stated the whole incident was very traumatic for Resident #57. They stated Resident #57 had bruising and an abrasion to their face after the incident. During an interview on 07/27/2026 at 8:39 AM, Unit Clerk #3 stated that just before the 04/17/2026 incident occurred, they remember Resident #49 telling Resident #57 to shut up. They stated that staff could hear Resident #49, but the behavior was not out of character for Resident #49. They stated Resident #49 lunged at Resident #57 and grabbed their neck. They stated once the physical interaction started, staff began to respond. They stated the staff that responded, removed Resident #49's hands from Resident #57's neck and separated them. They stated Resident #57 was very upset. They stated they could see Resident #57 shaking. They stated they were not aware of any concerns about Resident #49's behaviors prior to the incident. During an interview on 07/27/2026 at 11:15 AM Certified Nurse Aide #4 stated that they responded to the incident on 04/17/2026. They stated when they entered the South Day room, they saw Resident #49 with their hands around Resident #57's neck. They stated they assisted the Activities Director with removing Resident #49 from Resident #57. They stated Resident #57 was in shock. They stated Resident #49 said I got this one and tried to get the other one but could not reach. They stated no one reported to them that Resident #49 had an increase in behavior, or any concerns regarding Resident #49, prior to the incident that day. They stated Resident #57 stayed in their room a little more for maybe a day or two after the incident and then returned to their baseline. During an interview on 07/27/2026 at 11:57 AM, Registered Nurse #5 stated that they observed Resident #49 exhibit behaviors on 04/15/2026 during the evening. They stated Resident #49 was having a verbal altercation with another resident in the hallway. They stated there was no physical interaction, but they had to intervene, separate them, and de-escalate the situation. They stated they did not notify the supervisor or report the incident because they were able to manage the situation, and they wrote a note. They stated that Resident #49 had been aggressive with staff, not residents, in the past. They stated they believed that those behaviors were a result of the disease process. During an interview on 07/27/2026 at 12:42 PM, Licensed Practical Nurse #6 stated that they responded after the incident occurred on 04/17/2026 but did not witness it. They stated that Resident #49 told them others were threatening to kill them. They stated on 04/15/2026, (continued on next page)</p> |                                                                                            |                                                 |

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| F 0600<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few                                                          | <p>Resident #49 did have an increase in confusion and hallucinations. They stated they wrote a note and reported it to Licensed Practical Nurse Unit Manager #2, who stated they and the physician were aware. They stated that they were off on 04/16/2026 and on 04/17/2026, they had not received anything further in report about additional concerns or Resident #49 having increased behaviors. During an interview on 07/28/2026 at 8:39 AM, Licensed Practical Nurse Unit Manager #2 stated they did not recall being informed of Resident #49's medication refusal and paranoia on 04/09/2026. They stated they were off after 04/15/2026, therefore, they would not have known about the incident on the evening of 04/15/2026. They stated the supervisor and physician should have been notified, however they were unable to find documentation of that notification. They stated they could update care plans; however, the Director of Nursing oversees any entries for new care plans and must add the new care plans. During an interview on 07/28/2026 at 10:27 AM, the Medical Director stated Resident #49 was seen the week prior to the incident for increased confusion, paranoia, and hallucinations. They stated that the symptoms that were being exhibited could develop because of the disease process, but it was hard to predict how and when the disease would progress. They stated they had ordered lab work to rule out anything acute like an infection that week because of the increased tremors, confusion, and paranoia. They stated that Resident #57 sustained a bruise and abrasion to the face because of the incident. They stated that because of Resident #57's limited cognition and poor recall, they did not believe they suffered long term effects from the incident. They stated that the event was traumatic and was likely the cause of Resident #57's anxiety that day. During an interview on 07/28/2026 at 1:28 PM, the Director of Nursing stated that Resident #49 did exhibit some changes the week prior to the incident on 04/17/2026 and labs were ordered and pending that day. They stated Resident #49 had not exhibited aggressive behavior with other residents before 04/17/2026. They stated nursing interventions were not implemented because Resident #49 had experienced paranoia and hallucinations for the last year and could often identify them as hallucinations and knew they were not real. They stated they could not show any documentation dated prior to 04/17/2026 that included interventions to handle those episodes. 10 New York Code Rules Regulations 415.4(b)(1)(i)</p> |                                                                                            |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>335396                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>07/28/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Montgomery Nursing and Rehabilitation Center                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>2817 Albany Post Road<br>Montgomery, NY 12549 |                                                 |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview the facility failed to ensure that kitchen equipment and floors were maintained in a sanitary condition to prevent food contamination and safety hazards. Specifically, pooling water was present on the kitchen floor and in a closed floor drain and loose flaking residue was noted on the food slicer meat grip. The findings include: The undated Policy for maintenance work order reporting documented that all facility maintenance concerns shall be reported using the electronic work order system. All employees are responsible for promptly reporting maintenance deficiencies that may affect resident safety, employee safety, infection prevention, security, regulatory compliance, or facility operations. During an observation and interview on 7/21/2026 at 1:54 PM standing water was noted on the kitchen floor and in a closed floor drain between the steam table and ovens. The Food Service Director stated the standing water in the kitchen and closed floor drain was from the food steamer which overflowed into the closed floor drain. They stated the water was removed by using a vacuum every two weeks or it dried up on its own. During an interview on 07/23/2026 at 3:35 PM, the Maintenance Director stated the closed floor drain in the kitchen previously had water from a separate leaky pipe emptying into it. They stated the leaky pipe was repaired several months ago, and the floor drain was filled with concrete. They stated the work was done because the floor drain did not empty to the outside of the building. They stated any water from equipment now emptied into a bucket that required to be disposed of daily. They stated the kitchen equipment was repaired by an outside company, and the maintenance department was not responsible for it. During an observation and interview on 07/27/2026 at 10:40 AM, the meat grip on the food slicer had a flakey coating. The Food Service Director stated they were not aware of the metal coating flaking off the meat grip. They stated the food steamer water outflow emptied into a bucket that was supposed to be emptied daily. They stated occasionally the bucket was not emptied when full and would overflow into the closed floor drain, about 1-2 times a month. They stated they would use the wet/dry vacuum to remove the water. They stated the water was then disposed of in an outside drain near the refuse area. They stated emptying the bucket was not on the cleaning checklist that that was to be completed each day by the kitchen staff. The Food Service Director stated they and the Dietary Supervisor were responsible for ensuring the closing checklists were completed. There was no documented evidence on the Food Service Closing Checklist to address emptying of the food steamer water overflow bucket and keeping the closed floor drain dry. 10 New York Code Rules Regulations 415.14(h)</p> |                                                                                            |                                                 |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interviews, the facility failed to ensure that the resident environment remained as free from accident hazards as possible for two of seven residents (Resident #103 and Resident #104) reviewed for accidents. Specifically, there was no documented evidence that routine maintenance and filter replacement and/or cleaning was performed prior to a 04/14/2025 oxygen concentrator fire in the room of Resident #103 with a physician's order for continuous oxygen via nasal cannula. Following the incident, Resident #103 and roommate Resident #104 were sent to the hospital for evaluation of possible smoke inhalation and later returned to the facility. Additionally, the facility did not have documented evidence that a timely thorough investigation was completed after the 04/14/2025 incident. The findings include:Resident #103 had diagnoses including but not limited to Chronic Obstructive Pulmonary Disease, Cancer, and Hip Fracture.The Physician Order for Resident #103 dated 03/19/2025 documented oxygen via nasal cannula at 1.5 liter/minute, continuous, no humidification and change oxygen tubing every week on Sunday during the 11 PM-7 AM shift.The Care Plan for oxygen therapy dated 03/20/2025 documented maintain oxygen/nebulizer/ puffer equipment per facility policy.The admission Minimum Data Set assessment for Resident #103 dated 03/26/2025 documented Resident #103 had intact cognition and received continuous oxygen therapy.The Physician Order for Resident #103 dated 04/03/2025 documented taper oxygen and monitor oxygen saturation during weaning period. Maintain oxygen at 92%.The Incident Report dated 04/14/2025 documented at around 3:50 PM, staff in the facility responded to a smoke alarm. Smoke was noted coming from a resident's room and the fire extinguisher was used. Residents were safely evacuated away from the smoke. No residents were injured. The fire department responded. The investigation is ongoing. However, the issue may have been the oxygen concentrator. Staff were educated on the fire policy; the fire inspector checked the area and deemed the impacted unit safe for residents to return. The impacted room will receive a deep cleaning. All oxygen concentrators will be inspected for safety. There was no documented evidence included with the Investigation Report to indicate incident location/room location, affected resident names/identifiers, whether or not oxygen was being administered via nasal cannula at the time of the incident, statements obtained and/or interviews conducted with involved staff and/or residents and there was no documented evidence of maintenance history for the affected oxygen concentrator prior to the 04/14/2025. There was no documented evidence of maintenance logs for oxygen concentrators related to maintenance checks and filter cleaning and or filter changes prior to the fire on 04/14/2025. The Fire Department Investigation Report dated 04/14/2025 documented incident type, accident. The fire department was dispatched to an automatic alarm at the facility. Upon arrival they found a light smoke condition and requested a response from the County fire investigation unit. The oxygen concentrator model number AKLC-1 malfunctioned and burned the circuit board and caused smoke to fill the room. At this time the conclusion if this fire was caused by oxygen machine circuit board malfunction and this fire is ruled accidental. The 04/14/2025 Nurse Progress note documented the Registered Nurse Supervisor completed assessment on Resident #103 status post possible smoke inhalation. Resident alert and oriented, baseline. Blood Pressure 111/67, Pulse 77, Respiration 20, Temperature 97.9, Oxygen 93% on RA and then O2 at 2 liter/minute via nasal cannula continuously applied. No signs/symptoms of respiratory distress, shortness of breath, dizziness, headache or pain/discomfort on assessment. Medical Doctor notified and gave orders to send to the emergency room for further evaluation. Son (continued on next page)</p> |                                                                                            |                                                 |

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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>contacted and in agreement to transfer. 911 called to transport. The 04/14/2025 Nurse Progress note at 8:15 PM documented Resident #103 was evaluated and discharged from the emergency room. Returned accompanied by family. No new order. No change in level of consciousness observed or reported. No complaints were voiced by the resident. The 04/14/2025 Nurse Progress note at 4:37 PM documented Registered Nurse Supervisor completed assessment on Resident #104 status post possible smoke inhalation from active fire in resident's bedroom. Blood pressure 123/82, 82, 16, oxygen saturation 96% on room air. Resident's baseline. Medical Doctor notified and gave orders to send to the emergency room for further evaluation. Son contacted and in agreement to transfer. The 04/15/2025 Nurse Progress note documented 3:10 AM Resident #104 returned from the emergency room to room [ROOM NUMBER]D. Alert no respiratory distress. Family made aware of resident return. During an interview on 07/23/2026 at 11:41 AM, Physical Therapist #8 stated they heard the speaker announce the location of the fire and thought it was a fire drill on the north side. Physical Therapist #8 stated they grabbed the fire extinguisher and went to the resident room. They stated the oxygen concentrator had a small flame, approximately 6 inches, coming out of it. They stated they extinguished the fire. They stated the resident was sleeping at the time of the fire, and Licensed Practical Nurse #9 woke the resident and removed them from the room. They stated the residents on the unit were evacuated by staff, approximately 15-20 residents and taken outside the building through the emergency fire door. They stated the fire was contained in the oxygen concentrator. They stated the fire department was called in. During an interview on 07/23/2026 at 12:02 PM, Licensed Practical Nurse #9 stated Resident #103 was in bed by the window and roommate Resident #104 was by the door. They stated they observed smoke coming from room [ROOM NUMBER]. They stated the smoke activated the fire alarm. They stated Resident #104 was out of the room, moving away from the smoke. They stated Resident #103 was sleeping, and their oxygen tube was off their face. They stated the oxygen concentrator had a small fire on top. They stated they took Resident #103 out of bed and all residents were taken outside through the front and exit doors. They stated everyone remained outside until the fire department cleared them. They stated that if there was a problem, alarms on the oxygen concentrator would normally sound, and maintenance would check the unit. They stated that day the oxygen concentrator did not alarm. During an interview on 07/23/2026 at 3:16 PM, the Director of Maintenance stated that before the 04/14/2025 fire incident, they did not keep preventative maintenance logs and filter cleaning schedule logs for oxygen concentrators. They stated that after the incident on 04/14/2025, they created a schedule to clean the oxygen concentrator filters weekly. During an interview on 07/24/2026 at 9:47 AM, the former Administrator stated not adding involved resident names and the room # to the investigation was an oversight. They stated they could not recall all the details of the incident at this time. During an interview on 07/28/2026 at 9:55 AM, the current Administrator stated they were unable to locate staff/resident statements and/or interviews related to the 04/14/2025 incident. 10 New York Code Rules Regulations 415.12(H)(1)(i)</p> |                                                                                            |                                                 |

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| F 0908<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Keep all essential equipment working safely.<br><br>Based on observation, record review, and interview, the facility failed to maintain essential electrical equipment in a safe and functional operating condition. Specifically, the plastic covering on an electrical outlet near the kitchen oven was broken and contained visible live electrical wires and components. The findings include: The undated Policy for maintenance work order reporting documented that all facility maintenance concerns shall be reported using the electronic work order system. All employees are responsible for promptly reporting maintenance deficiencies that may affect resident safety, employee safety, infection prevention, security, regulatory compliance, or facility operations. During an observation and interview on 7/21/2026 at 1:54 PM the cover of an electrical outlet near the kitchen oven was broken and had live electrical wires and components visible. They stated the electrical outlet was broken for a week or two and was reported to maintenance. During an interview on 07/23/2026 at 3:35 PM, the Maintenance Director stated the facility used a maintenance program which was available to all staff on the computers. They stated no work order for a broken electrical outlet was documented. They stated the maintenance department was verbally told of the electrical outlet on Tuesday, 07/21/2026, and the electrical outlet was repaired. During an observation and interview on 07/27/2026 at 10:40 AM, the Food Service Director stated they did not report the broken electrical outlet in the facility maintenance program and believed they verbally reported it to someone in the maintenance department. 10 New York Codes Regulations and Rules 415.29 |                                                                                            |                                                 |