STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335439	A. Building B. Wing	08/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Pearl Nursing Center of Rochester	1335 Portland Avenue Rochester, NY 14621

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 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review conducted during an Abbreviated Survey (Intake ID: Complaint 2576858) conducted on 08/22/2025, it was determined for one (resident room [ROOM NUMBER]) of 72 resident rooms, the facility did not provide housekeeping and maintenance services necessary to maintain a safe, clean, comfortable, and homelike environment. Specifically, there was mold and evidence of water leaks, wall, and floor damage in a resident bathroom. The findings are: Record review of the facility work order system from 05/01/2025 to 08/22/2025 revealed an entry for a ceiling tile that fell in the bathroom of resident room [ROOM NUMBER] on 07/02/2025 and was closed out on 07/03/2025. Additionally, there were entries for a clogged toilet in resident room [ROOM NUMBER] on 05/16/2025, 06/20/2025, and 08/14/2025. There were no other work order entries related to ceiling leaks in resident room [ROOM NUMBER] for this time period.During observations and interviews on 08/22/2025 at 1:30 PM, the ceiling tiles in the bathroom of resident room [ROOM NUMBER] (second floor two (2)-person occupied) were stained brown and spotted with a black material that appeared to be mold. Additionally in the bathroom, there was one (1) ceiling tile missing and there was an approximately one (1)-inch unsealed gap in the concrete slab separating the third floor (bathroom of resident room [ROOM NUMBER]) from the second floor. Further observations included the baseboard cove molding in the bathroom of room [ROOM NUMBER] was peeled off the wall exposing wall damage, there were multiple floor tiles that were missing or had come loose below the sink, and there was a strong odor of urine in the bathroom. During an interview that time, the Acting Director of Maintenance stated they were not aware of leaks in this room, but sometimes toilets overflow, and it goes down to the room below. Resident #1 stated there was a ceiling leak a few months ago. 10 NYCRR: 415.29, 415.29(i), 415.29(j)(1)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE