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	12/11/2025

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 - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review conducted during an Abbreviated Survey (Intake ID: 2655452 and NY00386123/571480) completed on 12/11/2025, for three (3) (first, second, and third floors) of three (3) resident sleeping floors, the facility did not provide maintenance services necessary to maintain a safe, comfortable, and homelike environment. Specifically: ambient temperatures were not maintained between 71 and 81 degrees Fahrenheit (F), supplemental heating devices in resident rooms were not functional and damaged, and automatic door opening features for handicap use were not functional. The findings are:Record review of the facility policy titled: ?Homelike Environment' included the policy statement that residents are provided with a safe, clean, comfortable and homelike environment. The policy also included facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized homelike setting to include comfortable safe temperatures (71 F - 81 F).On 11/05/2025 at 1:22 PM the Administrator provided the surveyor with a vendor service report and repair quotes that were dated 09/25/2025 and signed by the facility 10/17/2025. The service report listed multiple boiler accessory and support components that needed attention, including but not limited to the following: the main controller for the boilers and pumps loop control system has burned out and not operable to control the system. Boiler #1 is leaking exhaust fumes via a small leak, has burners that are excessively dirty along with its heat exchangers, and has a failed supply water temperature sensor. Boiler #2 has leaks in its drain and exhaust lines and will continue to corrode; several valves and fittings in the piping have developed small leaks due to corrosion and age and could reduce the hot water. Pump #1 is making a grinding noise indicating a need to replace the bearing assembly and if it fails, it leaves Pump #2 as the only one to circulate hot water for heat throughout the building. Pump #2 needs a new starter contactor to run continuously without issue. Several spots on the gas lines have been taped/shut off it appears due to signs of past leaks. There was no documentation provided by the facility at that time to show the repairs had been made or scheduled.Observations on 11/07/2025 at 9:25 AM included a staff member struggling to pull a resident in a wheelchair through the two sets of double doors at the main entrance on the first floor. Further observations included the blue push buttons (marked ?push to open') for the automatic handicap door opening feature did not work when pressed. During an interview at this time, the Administrator stated the doors (automatic opening function) have not worked since they started. During another observation on 11/07/2025 at 11:15 AM a vendor was struggling to bring a mobile medical cart and screen through the main entrance double doors and the automatic door opening feature was not operational.During an interview on 11/07/2025 at 9:36 AM the Administrator stated they were not aware of any heating problems and had recently signed off for some repairs to be done on the boilers.Observations on 11/07/2025 from 9:45 AM to 10:45 AM included the following temperatures were measured using an [NAME] brand digital thermocouple in resident rooms on the second and third floors: #309 - 67.6 F, #305 - 69.2 F, #303 - 66.1 F, #313 - 66.5 F, #314 - 65.9 F, #315 - 65.0 F, #317 - 65.5 F, shared bathroom for #315/#317 - 63.3 F, #208 - 67.7 F, shared bathroom for #206/#208 - 64.4 F, #204 - 66.7 F, #200 - 67.9 (continued on next page)

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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	F, #214 - 66.8 F, and #220 - 65.6 F.Further observations on 11/07/2025 from 9:45 AM to 10:45 AM included packaged terminal air conditioning (PTAC) units (wall mounted devices to provide supplemental heating and air conditioning) were damaged and/or not functional in the following resident rooms: room [ROOM NUMBER] - damaged, bent and pulled away from the wall, and was dispensing cold air into the room, room [ROOM NUMBER] - not functional, room [ROOM NUMBER] - unit dispensing cold air and control box painted shut, Room # 317 - unit dispensing cold air and control knob missing.Observations on 11/07/2025 at 10:00 AM included the temperature in resident room [ROOM NUMBER] (third floor) was 69.2 F, and a resident in bed closest to the door was fully wrapped in blankets from head to toe.During an interview on 11/07/2025 at 10:14 AM Licensed Practical Nurse #1 stated they have been having problems with the heat for about three to four weeks, and sometimes at night it gets really bad.During an interview on 11/07/2025 at 10:20 AM Registered Nurse Supervisor #1 (third floor) stated the heat in the resident rooms does not work and has not worked for a while, and the third floor is mostly dementia residents.During an interview on 11/07/2025 at 10:28 AM Resident #5 stated it is freezing in here and they caught pneumonia because of it. During another interview at 10:32 AM Resident #6 stated that it is always cold.On 11/07/2025 at 10:45 AM the surveyor's [NAME] brand digital thermocouple was checked for proper calibration using the ice point method and displayed 32.2 F.During an interview on 11/07/2025 at 11:30 AM the Director of Maintenance stated they use a heat gun to check temperatures in the building and they do not take them on the outside walls near windows in the rooms and at the ends of the hall because those areas are colder. The Director of Maintenance stated they take temperatures later in the morning because things have probably warmed up by then and most of the packaged terminal air conditioning units do not work.During a phone interview on 11/07/2025 at 2:46 PM the Administrator stated they had not yet implemented their plan for loss of heat.Observations on 11/08/2025 from 2:50 PM to 3:10 PM included the following temperatures were measured using an [NAME] brand digital thermocouple in the resident rooms on the second and third floors: #313 - 68.2 F, #315 - 67.8 F, 314 - 67.7 F, #323 - 68.2F, #301 - 69.5 F, #201 - 68.8 F, #212 - 68.9 F, #220 - 67.4 F, and #222 - 67.3 F.During an interview on 11/08/2025 at 3:04 PM Resident #7 stated a few days ago at night it was freezing, and they were shivering.Observations on 11/10/2025 from 9:12 AM to 9:26 AM included the following temperatures were measured using a [NAME] brand digital thermometer in resident rooms and common areas on the third floor: 3rd floor dining room - 67.5 F, third floor north hallway near the exit door - 67.6 F, room [ROOM NUMBER] - 67.7 F.10NYCRR: 415.29, 415.29(b), 415.29(h)(1,2), 415.29(j)(1),10NYCRR: 713-1.9(b)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. Based on interviews, and record review conducted during an Abbreviated Survey (Intake ID: NY00371613/571460) completed on 12/11/2025, the facility did not ensure services were provided to meet professional standards of quality for one (1) (Resident #1) of one (1) resident reviewed. Specifically, Resident #1 had medical orders for care of a peripherally inserted central catheter (used for long term intravenous (administered directly into the bloodstream through a vein) medication administration) and vital signs monitoring that were not documented on numerous opportunities, and the facility was unable to provide evidence these required services were completed as ordered.The findings include:The undated facility policy, Central Venous and Midline Catheter Flushing included, but was not limited to, flush catheters at regular intervals to maintain patency, an insertion site assessment should be done as part of the flushing process to monitor for complications, and to record in the resident's medical record the date, time and amount of flush administered, and the signature and title of the person recording the data.Resident #1 had diagnoses including sepsis due to streptococcus group B (a common bacteria that can cause serious infections), diabetes with a foot ulcer, and chronic kidney disease. The Minimum Data Set (a resident assessment tool) dated 02/03/2025, included the resident was cognitively intact, had an active diagnosis of septicemia (a severe bloodstream infection), was taking an antibiotic, had intravenous access, and received intravenous medications. Review of the Comprehensive Care Plan dated 02/11/2025, revealed Resident #1 had a central venous access device in their left upper arm. Interventions included to ensure the dressing was clean, dry and intact and to change the dressing weekly and as needed. Review of Resident #1's medical orders included the following: Assess the peripherally inserted central catheter site every shift, document, and call the medical provider (dated 01/31/2025); Change the peripherally inserted central catheter dressing weekly every Thursday day shift (dated 01/31/2025); Change caps on the peripherally inserted central catheter every three (3) days and as needed with bloodwork (dated 01/31/2025); Normal Saline Flush Intravenous Solution 0.9% use three (3) milliliters intravenously every day and evening shift (dated 01/31/2025); and Vital signs every shift for seven (7) days, then weekly on Monday (dated 01/29/2025).Review of Resident #1's Treatment Administration Record from 01/30/2025 to 02/14/2025 revealed no documented evidence (missing nursing signatures) the peripherally inserted central catheter site was assessed every shift on 19 of 43 opportunities; the peripherally inserted central catheter caps were changed on 3 of 5 opportunities, and the peripherally inserted central catheter dressing was changed on 1 of 2 opportunities.Review of Resident #1's Medication Administration Record from 01/30/2025 to 02/14/2025 revealed no documented evidence the peripherally inserted central catheter was flushed on 14 of 29 opportunities and vital signs were monitored on 5 of 24 opportunities. Additional review of Resident #1's progress notes did not include evidence that missed documentation in the Medication and Treatment Administration Records from 01/30/2025 to 02/14/2025 for the peripherally inserted central catheter assessments, flushes, dressing change, and vital signs had been addressed. During an interview on 11/10/2025 at 1:23 PM, Licensed Practical Nurse #1 stated registered nurses were the only nurses who could perform tasks on peripherally inserted central catheters and were expected to assess the site and flush the catheters. Licensed Practical Nurse #1 stated licensed practical nurses should check the resident's vital signs every shift as ordered, especially if the resident was on an antibiotic. During an interview on 11/10/2025 at 12:29 PM, the Director of Nursing stated it was important for the peripherally inserted central catheter to be flushed as ordered to ensure the access is maintained. During a follow-up interview at 1:36 PM, the Director of Nursing stated a registered nurse should sign the medication or treatment administration record each time they administer medication or flush a peripherally inserted central catheter. They stated if it is not signed for, there is no way to verify it was done. During an interview on 11/12/2025 at 11:07 AM, Licensed Practical Nurse Manager #1 stated nurses had been trained to document when tasks were completed, either by (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	signing in the Medication/Treatment Administration Record or entering a nursing progress note. Licensed Practical Nurse Manager #1 stated if there were several blanks (missing nursing signatures) on the Medication/ Treatment Administration Record, they would consider the tasks incomplete. During an interview on 11/12/2025 at 11:45 AM, the Director of Nursing stated all newly admitted resident should receive vital signs every shift for seven (7) days and if there were no vital signs documented, the task was not completed. The Director of Nursing stated they would expect if a nurse was unable to complete a dressing change during their shift, the nurse should communicate to the oncoming shift so the task could be completed the same day as ordered.10 NYCRR 415.11(c)(3)(i)