STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335462	A. Building B. Wing	05/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Plaza Rehab and Nursing Center	100 West Kingsbridge Road Bronx, NY 10468

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** 2. The New York State Complaint Intake Summary (#NY00351324) dated 01/14/2025 documented that a family representative stated that the residents' rooms were left with crumbs and garbage on the floor, and the Administrator was notified about their concerns and nothing was done about it. On 04/30/2025 at 01:08 PM, in room [ROOM NUMBER] on Unit 9 East, paper towels and old tissues of a brownish color were observed on the floor. Two trash cans by the bedside were nearly full of trash. The resident who resided in room [ROOM NUMBER] stated that the housekeeping staff do not come to clean very often, and they only come in one or two times a week. On 05/01/2025 at 11:37 AM, an interview was conducted with Housekeeper #1 who stated that they work five days a week on several units and come to work on Unit 9 East about three times a week. Housekeeper #1 also stated that they were not sure if someone else came to clean the room after them. Housekeeper #1 concluded that the last time they worked on Unit 9 East was this past Sunday April 27th, 2025. On 05/01/2025 at 11:47 AM, an interview was conducted with Certified Nursing Assistant #13 who was regularly assigned to the resident in room [ROOM NUMBER]. Certified Nursing Assistant #13 stated they did not notice that the room was not clean, and if they had noticed the room was not clean they would have informed the housekeeping staff. On 05/01/2025 at 12:00 PM, an interview was conducted with Registered Nurse #10, who stated that they have not seen any unclean rooms. Registered Nurse #10 also stated that no resident had reported to them room concerns, but some residents did complain of roaches and flies and the exterminator comes almost every day to treat the units. Registered Nurse #10 also stated they were not aware that room [ROOM NUMBER] was not clean. On 05/06/2025 at 01:08 PM, the Director of Plant Operations stated that any equipment repair is submitted via an online work request, and they will also receive request by telephone or email for any urgent repair request. The Director of Plant Operations also stated that they are responsible for maintenance of common areas, corridors, and building structures, including the rooms, and they also replace the radiator filter every six months and change the motor as needed. The Director of Plant Operations further stated that they do unit rounding twice a week on a total of four units per week to identify any area of concerns. The Director of Plant Operations stated they did not identify the concerns found on unit 8 East during their environmental round. (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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The Plaza Rehab and Nursing Center	100 West Kingsbridge Road Bronx, NY 10468

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/06/2025 at 02:36 PM, the Director of Environmental Services stated housekeeping staff tasks are to empty the garbage, sweep and mop the floors, dust/wipe furniture, and supply toiletries in all the resident's rooms daily. The Director of Environmental Services also stated windowsills, window shields, and metal radiator grills are cleaned or wiped daily by housekeeping staff. The Director of Environmental Services further stated they do round on all the units daily to ensure staff are doing their assigned tasks. However, they were not aware of these problems on the unit. On 05/06/2025 at 02:52 PM, the Administrator stated the Director of Environmental Services and Director of Plant Operations do environmental rounds twice weekly to identify any concerns, but the Administrator does not recall any of these concerns being reported to them. 10 NYCRR 415.12(h)(2) Based on observations and interviews conducted during the Recertification and Abbreviated survey Complaints (NY#00351324) from 04/29/2025 to 05/06/2025, the facility did not ensure the residents' right to a safe, clean and comfortable environment. This was evident on 2 (Unit 8 East and Unit 9 East) out of 20 resident units. Specifically, resident rooms were not cleaned and furniture not maintained in good repair, and in a homelike manner. The findings are: The facility's policy and procedure titled Maintenance of Building, Resident's Rooms and Common Areas reviewed 01/2025 stated that the facility is to ensure the physical environment including resident's rooms, common areas, and building systems is maintained in a clean, safe, and fully functional condition through timely and efficient maintenance practices. 1. During multiple observations on Unit 8 East from 04/29/2025 at 11:23 AM to 05/01/2025 at 12:55 PM, the following were observed but not limited to: In room [ROOM NUMBER] B, there was peeling/broken nonslip stickers on the floor, dust and dirt build up noted on the radiator and metal vent grill. In room [ROOM NUMBER] P, there was dust and dirt build upon the radiator and vent grill, peeling paint and orange and brown stained window ledge and window shades splashed with brown stains, and a broken handle on the drawer next to the bed. In room [ROOM NUMBER] P, there were mismatched floor tiles which had brown stains, peeling and broken nonslip stickers on the floor, radiator which was dusty and had built up dirt, and a window shade with brown stains. In room [ROOM NUMBER] F, there was dust and dirt build up on the radiator, peeling nonslip stickers on the floor, the bathroom door has a lower quarter-half chipped showing wooden material, window shades with dark stains, a hole on the wall above closet A, mismatched floor tiles with brown stains, room door with peeling paint and scruff marks, a nebulizer placed on a dusty surface, and a visibly smudged table stand next to the television. In room [ROOM NUMBER] B, there was a buildup of dust and dirt build on the radiator and vent grill and peeling nonslip stickers on the floor. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In multiple rooms, hallways, and areas near the elevators there were walls with scratches and scruff marks, areas with peeling wall paper, damaged baseboards, window shades with brown stain, stained floors and mismatching tiles, and dust and dirt built up on radiators and the vent grills. Review of Maintenance Logbook for 8 East from 4/1/2025 to 4/29/2025 did not contain requests for any of the above observations.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 2. Resident #523 was admitted to the facility with diagnoses including Alzheimer's Disease, Insomnia, Diabetes and Spontaneous Ecchymoses. The Quarterly Minimum Data Set (a resident assessment tool) dated 11/04/2024 documented that Resident #523 as severely cognitively impaired but requiring only supervision or set up for all Activities of Daily Living. A Medical note dated 01/28/2025 at 1:07 PM states that Resident #523 was seen for multiple scratches and ecchymoses to the upper extremities and left breast. Resident #523 was unable to provide any relevant history in view of their cognitive deficits. The scratches were located on their left hand, left elbow, right wrist and mid forehead, and there were two large ecchymoses on the lateral and medial side of the left breast with a central abrasion. The physician ordered bacitracin for the scratches and x-rays of the hands and elbow, which were negative. A Nursing note dated 01/28/2025 at 12:11 PM, stated that Resident #523 was noted with scratches to the right wrist, left hand and elbow, and was observed to have long nails which were immediately trimmed. The resident's family member was notified and requested transfer to the hospital for follow up. An Accident and Incident Report and written statements dated 01/27/2025 and 01/28/2025 were gathered from six staff members, none of whom witnessed or heard any falls or commotions on the unit. The Administrative Summary dated 02/05/2025 stated that surveillance video was reviewed at the time and revealed no encounters with other residents or aggressive contacts with staff, so the facility concluded that there was no cause to believe any abuse had taken place. There was no documented evidence that injuries of unknown origin for Resident #523 were reported. On 05/06/2025 at 8:56 AM, Licensed Practical Nurse #3 was interviewed and stated that Resident #523 had been residing on their unit prior to the alleged incident. Licensed Practical Nurse #3 also stated that the Resident #523 had not had any witnessed falls or any altercations with others while they were on the unit, and so they did not know what happened to cause the injury. On 05/06/2025 at 11:47 AM, the Director of Nursing was interviewed and stated that the facility's policy is to investigate the resident's clinical baseline prior to reporting an alleged incident. If the facility finds it has reasonable cause to suspect that a purposeful act might have caused the injury, it would have been reported. The Director of Nursing further stated that the injury had a clinical baseline consistent with the resident's diagnosis of spontaneous ecchymoses, which the facility interpreted as an injury of known, not unknown origin and therefore there was no need to report it. 10 NYCRR 415.4(b)(1)(i) (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on record review, and staff interviews during the Recertification and Complaint (NY#00362652, NY#00371137) Survey conducted from 04/29/2025 to 05/06/2025, the facility did not ensure that all alleged violations involving abuse, neglect, including injuries of unknown source were reported immediately, but not later than 2 hours after the allegation was made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the New York State Department of Health. This was evident for 2 (Resident #201 and Resident #523) out of 6 residents reviewed for Accidents out of 38 total sampled residents. Specifically, 1) the facility did not report an incident when Resident #201 was noted with swelling and ecchymosis on left forearm/upper arm, an injury of unknown origin, to the New York State Department of Health, and 2) the facility did not report an incident where multiple scratches and ecchymoses noted to the upper extremities and on the left breast of Resident #523. The findings are: The facility's policy and procedure titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property revised 10/13/2023 documented injuries of unknown source are reported per Federal and State Law. 1. Resident #201 was admitted to the facility with diagnosis that included Diabetes Mellitus, Alzheimer's Disease, and Hypertension. The Significant Change in Status Minimum Data Set assessment dated [DATE] documented Resident #201 had severely impaired cognition. The Accident/Incident Report dated 11/21/2024 documented that on 11/21/2024 at 6:30 PM, Resident #201 was noted with skin discoloration to left upper arm and swollen hand. Resident #201 was unable to explain the occurrence/injury. Resident's representative was at bedside. Nursing supervisor and physician were notified. The Medical Note dated 11/22/2024 documented Resident #201 was examined for swelling and ecchymosis on left forearm, and upper arm. Resident is nonverbal, started screaming/agitated when touched the arm. Ordered x ray of left forearm, upper arm and to continue pain assessment. The Radiology Report dated 11/22/2024 documented Resident #201's left humerus x-ray revealed evidence of fracture involving humeral head and neck displacement of fracture fragments. The Accident/Incident Investigation completed on 11/28/2024 concluded that based on clinical observation, chart review and staff interviews, there is no cause to believe Resident #201's fracture with humeral head and neck displacement was a result of any abuse, neglect or mistreatment. There was no documented evidence the facility reported Resident #201's injury of unknown source, resulting in major injury, to the New York State Department of Health. On 05/06/2025 at 03:09 PM, the Director of Nursing stated that Resident #201 has a diagnosis of osteoporosis and is at a higher risk for fracture. The Director of Nursing also stated that Resident #201's injury was consistent with diagnosis and was not from an unknown origin, therefore, it was not reported to the New York State Department of Health.

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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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews during the Recertification Survey conducted from 04/29/2025 to 05/06/2025, the facility did not ensure medical records were complete and accurately documented in accordance with accepted professional standards and practices. This was evident for 1 (Resident #640) of 3 residents reviewed for Skin Condition out of total 38 sampled residents. Specifically, the medical record did not contain evidence that Resident #640 received wound treatment as ordered on multiple days. The findings are: The facility's policy and procedure titled Wound Care Treatment Plan reviewed 3/2025 documented that the facility is to assess all residents and develop a plan of care that will prevent the development of wounds or provide the healing of existing wounds. Resident #640 was admitted with diagnoses that included Diabetes Mellitus, Hyperlipidemia, and Depression. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #640 was cognitively intact and had a surgical wound. The Care Plan titled Skin Integrity initiated 08/22/2024 and reviewed on 02/19/2025 documented that Resident #640 has surgical wound, and right trans metatarsal amputation. Interventions included apply local treatments as ordered, monitor for signs and symptoms of infection, perform wound care rounds weekly, report any skin changes, and wound care consult as needed. The Physician Order dated 12/04/2024 documented to cleanse wound with Dakin's Solution 0.25%, pat dry, cut black foam to fit wound, apply transparent dressing to seal foal to wound, cut small hole on film and apply Vac tube connector. Cover with dry protective dressing and connect tube to suction container connector on machine. The order was transcribed in the Treatment Administration Record to document completion during 7:00 AM to 3:00 PM shift. The order was discontinued on 02/26/2025. The Treatment Administration Record from 01/01/2025 to 02/26/2025 revealed wound treatment was left blank on 01/10/2025, documented not administered endorsed to PM nurse manager on 01/11/2025, and not administered out of room/off unit on 01/23/2025. The Nursing Progress Notes from 01/01/2025 to 02/26/2025 did not contain any documentation related to wound treatment on 01/10/2025, 01/11/2025, and 01/23/2025. On 05/06/2025 at 11:01 AM, Registered Nurse #6 stated Resident #640 was admitted with a surgical wound after undergoing amputation and has daily wound treatment ordered. Registered Nurse #6 also stated that Resident #640's wound treatment was done during day shift. Registered Nurse #6 further stated that Resident #640 is very compliant with their care and treatment, and they did not know of any refusal of care or treatment. (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/06/2025 at 10:58 AM, Registered Nurse #5 stated Resident #640 was admitted here last year after undergoing amputation and they do not know of any refusals of wound treatment. Registered Nurse #5 also stated that they were the manager on duty on 01/10/2025 and 01/23/2025 but they could not recall why there was no documentation related to Resident #640's treatment. Registered Nurse #5 further stated that unit nurses are responsible to complete treatments and document in the record when completed. Registered Nurse #5 stated they can assign the treatment to next shift nurse, and it could be documented in the progress notes. However, Registered Nurse #5 could not confirm if treatment was completed since there was no documentation in the medical record for Resident #640. On 05/06/2025 at 03:53 PM, the Assistant Director of Nursing stated that upon interviewing staff and reviewing the medical record, Resident #640 received treatments on 01/10/2025 and 01/23/2025. The Assistant Director of Nursing also stated that the assigned nurses did not document completion in the Treatment Administration Record, as they were newly hired and missed the treatment documentation. The Assistant Director of Nursing further stated the nurses were counseled and educated to ensure treatments are being documented in the medical record. On 05/06/2025 at 03:13 PM, the Director of Nursing stated Resident #640 has a history of refusing treatments and any refusal is documented in the medical record. The Director of Nursing also stated that they could not confirm if Resident #640 refused treatment on 01/10/2025 and 01/23/2025. 10 NYCRR 415.22(a)(1-4)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The New York State Complaint Intake Summary (#NY00351324) dated 01/10/2025, documented that a family representative stated that they witnessed a mouse running in the resident's room, and also saw a roach on the resident's sandwich. On 04/30/2025 at 12:56 PM, in room [ROOM NUMBER] P East, a sticky fly trap was observed on the bedside table with multiple flies stuck to the fly trapper. An interview was conducted with the resident who resided in room [ROOM NUMBER] P who stated that there are flies everywhere in the room, and when they have complained about it, all the facility does is to replace the sticky fly trap. On 04/30/2025 at 01:08 PM, the resident who resided in room [ROOM NUMBER] East stated that they have seen cockroaches and mice in the room, and they informed staff but could not recall if the exterminator had been to their room. During an interview on 04/30/2025 at 12:44 PM, family representative of the resident in room [ROOM NUMBER] East, stated that flies are everywhere and there are roaches and mice. The family representative further stated that the flies never go away, and they had never seen an exterminator coming to the room. The pest-control service reports were reviewed on 05/01/2025 and revealed that the facility was treated for flies and mice. On 05/06/2025 at 02:36 PM, the Director of Environmental Services stated pest problems were far worse in 2024, and they believe it is much improved since last year. The Director of Environmental Services also stated that they have a better pest control program currently and that staff have been working to ensure that pests are not visible in the rooms/units. The Director of Environmental Services further stated that resident reports of pest sightings have been reduced and that the facility's program to control pests has been effective, and progress is ongoing. The Director of Environmental Services stated they have direct contact with the company's exterminators so they will call immediately when pest sightings are notified. The Director of Environmental Services also stated that they accompany the exterminator when they are in the building to ensure the treatment is done. On 05/06/2025 at 02:52 PM, the Administrator stated that they identified pest problems previously, so it was discussed and planned as a part of a Quality Assurance project. The Administrator also stated that the pest control company was changed, increased treatment frequency with enhanced chemical treatments was implemented and they pest control rounding was initiated last year. The Administrator further stated that the facility also educated residents/family members about proper food storage to less attract pests in the rooms/units by sending educational fliers to residents and educational postings on the units. The Administrator stated they have been seeing a decreased number of pest sightings this year. 10 NYCRR: 415.29(j)(5) On 04/29/2025 at 12:20 PM, Resident #635 who resided in room [ROOM NUMBER] West, was interviewed and stated they observed mice in their room coming from under the heater daily during the nighttime hours. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 05/06/2025 at 11:55 AM, Resident #488 who resided in room [ROOM NUMBER] West, was interviewed and stated they observed a mouse that came out from under their heater during the nighttime. They reported this to the engineering department and the mouse was recently found dead in the heating unit. On 05/06/2025 at 11:56 AM, Resident #55 who resided in room [ROOM NUMBER] [NAME] , was interviewed and stated they observed a mouse every night that comes in their room from the hallway and tries to go in their closet. The last time they saw the mouse was last night. On 05/06/2025 at 10:08 AM, Certified Nursing Assistant #12 was interviewed and stated a mouse frequently comes out of a vent in room [ROOM NUMBER] West. They smelled a foul odor recently and called maintenance who found a dead mouse in the heater. A review of the Unit 8 [NAME] Pest Control Service Record indicated that the following pest sightings were reported on Unit 8 West: droppings on 02/11/2025, a rat on 02/20/2025, and a mouse sound on 04/07/2025. A review of the Unit 8 [NAME] Service Inspection Reports documented that the pest management company provided pest management services to Unit 8 [NAME] on 04/01/2025, 04/18/2025, 04/22/2025, 04/25/2025, 04/29/2025, and 05/06/2025. The Service Reports documented products applied included insect monitors, gel bait for ants and cockroaches, and glue boards for rodents. On 05/06/2025 at 10:47 AM, the Director of Environmental Services was interviewed and stated they did not receive a report regarding mice sightings in room [ROOM NUMBER] West. They were aware of mice sightings in room [ROOM NUMBER] [NAME] which was recently treated by the pest control company. The Director of Environmental Services stated that the pest control company comes on Tuesdays and Fridays and that they also have a facility staff member who looks for holes and then reports to plant operations so they can be sealed. The Director of Environmental Services further stated the exterminator will be informed to inspect and do preventative treatment in rooms 824 [NAME] and 854 West. On 05/06/2025 at 4:00 PM, the Administrator was interviewed and stated the facility changed the Pest Control Company and believe that their current Pest Control Management is effective now. Also, their Quality Assurance and Performance Improvement program revealed a marked reduction in sightings. The Administrator further stated the facility provided residents and their family members boxes to store food which are self-closing and seal. Based on observations, interviews, and record review conducted during Recertification and Complaint (NY#00351324) Survey from 04/29/2025 to 05/06/2025, the facility did not ensure that an effective pest control program was maintained so that facility is free of pests. This was evident on 4 resident's units (Unit 7 East, 8 East, 8 [NAME] and 9 East). Specifically, there were multiple reports of pest sightings and rodent activity in resident rooms/units. The findings are: The facility's policy and procedure titled Pest Management revised 12/6/2024 stated that the facility is to contract with a licensed Exterminator for pest management and standard pest control. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During the interview on 04/29/2025 at 02:05 PM, the resident who resided in Room in 703 East stated the facility has had pest problems since they were admitted in last August 2024. The resident who resided in Room in 703 East also stated there have been less pest sightings, but they are still seen throughout the facility. On 05/06/2025 at 11:01 AM, Registered Nurse #6, who worked on Unit 7 East, stated that residents and their representatives reported pest sighting sometime last week. Registered Nurse #6 also stated that any report of pests are documented in the unit pest control log, and the pest control company will then address the pest concerns when they are in the facility. Registered Nurse #6 further stated they do not know when the pest control is done or when the last pest treatment was done. On 05/06/2025 at 11:15 AM, Certified Nursing Assistant #8, who worked on Unit 7 East, stated they observed roaches in one of the resident's room last week and a resident complained of mouse in their room. Certified Nursing Assistant #8 also stated that staff tries to keep resident's rooms clean for the most part, but pests have still been visible on the unit. Certified Nursing Assistant #8 further stated that pests have been a problem on the unit since they started working on the unit. On 05/06/2025 at 10:58 AM, Registered Nurse #5, who worked on Unit 8 East, stated pest control treatments are done twice a week, putting glue traps near radiators, and spraying harsh chemicals for more severe cases. Registered Nurse #5 also stated that they have been working at the facility for less than a year, so they do not know how long this issue has been occurring. On 05/06/2025 at 12:17 PM, Licensed Practical Nurse #4, who worked on Unit 8 East, stated that nursing staff reported seeing roaches in resident's room recently, so they documented the sighting in the unit pest control log. On 05/06/2025 at 01:08 PM, the Director of Plant Operations stated there were reports of pest sightings in resident's rooms/units. The facility has a pest control program with a company who does routine visits to the facility to address the concerns. The Director of Plant Operations also stated that any pest concerns are addressed by the Director of Environmental Services, so they do not know the details of the pest control program.