STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335486	A. Building B. Wing	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pelham Parkway Nursing Care & Rehab Facility L L C	2401 Laconia Ave Bronx, NY 10469

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 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. Based on interview and record review conducted during an Abbreviated Survey (2741076), the facility failed to ensure that an alleged violation involving abuse, neglect, exploitation or mistreatment, was reported immediately but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. This was evident for one (1) of six (6) residents (Resident #1) sampled for abuse. Specifically, on 02/08/2026 at approximately 10:30 PM, Certified Nursing Assistant #1 informed Registered Nurse Supervisor #1 that they observed Certified Nursing Assistant #2 inappropriately touched Resident #1's private organ. The Administrator was notified on 02/10/2026 at approximately 11:00 AM, the New York State Department of Health was notified on 02/10/2026 at 1:20 PM, and local law enforcement notified on 02/10/2026 at 1:24 PM. The facility did not report the alleged allegation of abuse timely.The findings include: The facility Policy and Procedure titled 'Abuse Prevention' dated 01/05/2026 stated allegations of abuse must be immediately reported to the Administrator and no later than two hours to other officials (including to the State Survey Agency) after the allegation is made. Resident #1 was admitted to the facility with diagnoses including Cerebral Palsy, Aphasia, and Seizure DisorderThe Minimum Data Set (an assessment tool) dated 11/27/2025 documented Resident #1 had short and long memory problems. A review of the facility 'Summary of the Investigation' dated 02/12/2026 by the Director of Nursing documented on 02/08/2026 at approximately 10:30 PM Certified Nursing Assistant #1 informed Registered Nursing Supervisor #1 that they walked into Resident #1's room and saw Certified Nursing Assistant #2 on their knees, in the dark, inappropriately touching Resident #1. Facility concluded that evidence of abuse, neglect, or mistreatment could not be verified. The investigation also documented that the Administrator was informed on 02/10/2026 at approximately 11:00 AM and the police were informed on 02/10/2026 at 1:24 PM. A Webform submission from: Nursing Home Facility Incident Report dated 02/10/2026, documented the facility submitted the incident to New York State Department of Health on 02/10/2026 at 1:20 PM. During an interview on 02/25/2026 at 1:33 PM, the Director of Nursing stated on 02/08/2026 at around 11:00 PM, Registered Nurse Supervisor #1 informed them of the alleged sexual abuse allegation against Certified Nursing Assistant #2 and that they removed Certified Nursing Assistant #2 off the unit. The Director of Nursing stated they did not inform the facility's Administrator right away because they initially thought the event was not credible, no other witnesses, and Certified Nursing Assistant #1 had verbal disputes with other staff members and was not a credible accusation. The Director of Nursing stated they discussed the allegation on 02/10/2026 at 11:00 AM with the Administrator who explained to them that event was alleged sexual abuse and should have been reported immediately to Administrator, New York State Department of Health, Attorney General, and police. During an interview on (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	02/25/26 at 4:30 PM Administrator stated the Director of Nursing informed them of the alleged sexual abuse on 02/10/2026 at around 11:00 AM. The Administrator stated they and the Director of Nursing are responsible for reporting the allegation of abuse to police and the Department of Health within two hours after the allegation was made. The Administrator stated they educated and disciplined the Director of Nursing on reporting any allegation of abuse immediately despite the evidence. 10 NYCRR 415.4(b)(2)