STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335488	A. Building B. Wing	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lilac Manor Rehabilitation and Nursing Center	3 Upton Park Rochester, NY 14607

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, the facility failed to provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior, for two (2) of three (3) resident rooms (Rooms #215 and #524). Specifically, there were multiple ceiling tiles with stains, cracks, and bowing (drooping or curving downward) observed in room [ROOM NUMBER] (Resident #4's room) and multiple ceiling tiles with stains in room [ROOM NUMBER]. The findings include:The facility's Maintenance Service policy dated April 2025 included the Maintenance Department was responsible for maintaining the building in compliance with current federal, state, and local laws, regulations and guidelines; and maintaining the building in good repair.During an observation on 05/13/2026 at 3:16 PM, room [ROOM NUMBER] had six (6) ceiling tiles with brown stains. During an observation and interview on 05/14/2026 at 1:33 PM, the Director of Maintenance stated the ceiling tiles in room [ROOM NUMBER] needed to be replaced. Resident #4 had diagnoses that included hypertension (high blood pressure), depression, and anxiety disorder. The Minimum Data Set (a resident assessment tool) dated 03/07/2026 revealed Resident #4 had moderate cognitive impairment. During an observation on 05/14/2026 at 9:25 AM, Resident #4's room (room [ROOM NUMBER]) had six (6) ceiling tiles with brown stains. Three (3) of six (6) stained tiles had visible bowing and one (1) of six (6) tiles had visible cracks around a ceiling sprinkler. In an interview on 05/14/2026 at 11:57 AM, Resident #4 stated they had complained to Maintenance when they were admitted to the facility because the ceiling tiles looked nasty, and Maintenance said they would look into it. Resident #4 stated the ceiling looked bad. In an interview and observation on 05/14/2026 at 1:36 PM, the Director of Maintenance stated the ceiling tiles were bowing, they did not know how long they had been like that and needed to be replaced. In an interview on 05/15/2026 at 1:13 PM, the Administrator stated they were not aware of ceiling tiles that needed to be replaced, and ceiling tiles had been ordered to have in stock for the facility.Title 10 New York State Codes, Rules and Regulations 415.5(h)(2)

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
	335488	A. Building B. Wing	05/15/2026

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Lilac Manor Rehabilitation and Nursing Center	3 Upton Park Rochester, NY 14607

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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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** Based on observations, interviews, and record review, the facility failed to ensure an effective pest control program for three (3) (Second Floor, Third Floor, and Fifth Floor) of six (6) resident use floors. Specifically, mouse droppings and pest harborage (any condition, location, or physical environment that provides shelter, protection, or breeding grounds for pests) areas were observed on the Second, Third, and Fifth floors, and Resident #1 stated they had seen a mouse in their room.The findings include:The facility's Pest Control Policy, dated April 2025, included the facility shall maintain an effective pest control program to ensure the building is kept free of insects and rodents.During an observation on 05/13/2026 at 3:31 PM, there were mouse droppings on the floor on both sides below one (1) heater in the dining room on the Fifth Floor, and holes in the bottom of the wall on the right and left side of the heater. Mouse droppings and a hole were observed in the wall on the right side of a second heater in the Fifth Floor dining room.In an interview on 05/13/2026 at 3:46 PM, Housekeeper #1 stated housekeeping staff cleaned up mouse droppings and had seen a mouse in the basement on 05/11/2026.Resident #1 had medical diagnoses that included dysphagia (difficulty swallowing), diabetes, and immunodeficiency due to drugs (a weakened immune system from drug side effects). The Minimum Data Set (a resident assessment tool) included Resident #1 was cognitively intact. During an observation and interview on 05/13/2026 at 4:19 PM, mouse droppings were seen in Resident #1's room (room [ROOM NUMBER]) by the heater. Resident #1 stated they had seen a mouse in their room the night before. During an observation on 05/14/2026 at 9:12 AM, a hole was observed in the wall of the Second Floor dining room near the upper left corner of the heater and mouse droppings were observed on the floor. During an observation on 05/14/2026 at 9:25 AM, mouse droppings were on the floor between the nightstand and the heater in room [ROOM NUMBER] on the Second Floor.In an interview on 05/14/2026 at 9:43 AM, Certified Nursing Assistant #1 stated they had seen mice in the facility near mouse traps.In an interview and observation on 05/14/2026 at 1:36 PM, the Director of Maintenance stated there was an opening in the wall near the mouse droppings under the heater in resident room [ROOM NUMBER] and the hole needed to be fixed.In an interview on 05/14/2026 at 3:07 PM, the Director of Environmental Services stated they were aware the facility had a mouse problem. The Director of Environmental Services stated the facility was switching pest control vendors because the facility needed a more aggressive approach for the pest problem. In an interview on 05/15/2026 at 1:13 PM, the Administrator stated they were aware of the facility's mouse issue, the facility was changing pest control vendors because the current vendor frequency was monthly, but the facility needed weekly. Title 10 New York State Codes, Rules and Regulations 415.29(j)(5)