

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2026
NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701	

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)
<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on record review, and interview conducted during the Recertification Survey and Abbreviated survey (2650146) from 02/05/2026 to 02/12/2026, the facility did not ensure medications were available to meet the needs of each resident for one (1) of three (3) residents reviewed for pain management. Specifically, when Resident #205 was re-admitted to the facility, Methadone was unavailable for timely administration. Findings include: The facility policy and procedure, Methadone Use last reviewed on 12/2025, documented when methadone is prescribed for narcotic addiction only: the resident is certified as a patient of an identified Opioid Treatment Program which will supply the methadone, prior to admission to the facility. Resident #205 was admitted to the facility with diagnoses including opioid abuse with unspecified opioid-induced disorder, anxiety disorder and obstructive uropathy, The Minimum Data Set (resident assessment) dated 10/12/2025 documented Resident #205 was cognitively intact and received opioid medication 7 of 7 days. The 10/6/2025 Physician Order documented Methadone HCl Oral Solution 10 MG/5ML, to give 40 milligrams by mouth one time a day for opioid dependency. The Comprehensive Care Plan, Substance Abuse dated 10/10/2025, documented administer medication as ordered. A nursing note dated 10/13/2025 at 12:15 PM, documented the resident was not feeling well. They were seen by the physician and sent out to the hospital for hypoxia; their oxygen saturation was 88% with oxygen administered at 3 liters/minute. A nursing note dated 10/14/2025 at 2:16 AM, documented the resident was admitted to the hospital with a diagnosis of pneumonia. Registered Nurse Supervisor #4's Admission/readmission progress note dated 10/18/2025 (Saturday) at 8:37PM, documented Resident #205 returned from the hospital with unchanged medications and was started on two (2) antibiotic medications. Physician #1 was made aware of the situation. The Medication Administration Record dated 10/19/2025 revealed order Methadone HCl oral solution 10 MG/5ML to administer 40 milligrams by mouth one time a day was signed by Registered Nurse #5 with chart code See Progress Notes. A medication administration progress notes dated 10/19/2025 at 12:28 PM documented Methadone 40 milligram for opioid dependency was not given and was not on hand. Registered Nurse #5's nursing progress notes dated 10/19/2025 at 2:31PM documented the resident was unable to get methadone since it was not in facility. The resident was yelling and using profanity since they were not able to get medication. Registered Nurse Supervisor #4 and Physician #1 were made aware of the situation. Registered Nurse Supervisor #4's nursing progress note dated 10/22/2025 at 12:08 AM, as a late entry for 10/19/25, documented they were informed by Registered Nurse #5 that Resident #205 did not have a bottle of methadone. Physician #1 was notified and stated that the resident would get methadone from clinic on Monday. During interview on 02/09/2026 at 4:11 PM Registered Nurse Supervisor #4 stated the hospital was expected to notify the facility prior to a resident's discharge to ensure medications, including methadone were available upon re-admission. Registered Nurse Supervisor #4 stated the facility was not notified of the resident's discharge and therefore did not have methadone available at the time of re-admission. As a result, the resident did not receive the scheduled methadone</p> <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 335515	If continuation sheet Page 1 of 4

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>dose on Sunday 10/19/2025. Registered Nurse Supervisor #4 stated the methadone clinic was closed over the weekend. The Physician was notified of the missed dose. During interview on 02/09/2026 at 4:29 PM, the Director of Nursing stated that residents receiving methadone would not be admitted on weekends unless the medication was available. The Director of Nursing stated that the methadone clinic was closed on weekends, and the facility could not accept residents receiving methadone without ensuring medication availability. The Director of Nursing stated that if a resident on methadone were admitted over the weekend without the medication available, the facility would request that the resident returns to the hospital. The Director of Nursing stated that nurses were responsible for resident care and communication. The Director of Nursing did not know whether Resident #205 was offered the option to return to the hospital or refused to do so. During interview on 02/09/2026 at 5:01 PM Director of Admissions stated that discharge paperwork was not received from the hospital and that the facility was not notified of the resident's weekend transfer. Director of Admissions stated that they did not work on weekends, however, the hospital could have contacted either the facility's Marketer or the Director of Admissions directly. Director of Admissions stated that no notification was received by anyone at the facility. During interview on 02/12/2026 at 10:39 AM Medical Director stated that they were involved in developing policies and procedures related to methadone management. The Medical Director stated that coordination with the hospital should occur prior to discharge to ensure methadone availability at the facility. The Medical Director stated that a system should be in place for admissions or readmissions of residents receiving methadone, particularly since the methadone clinic may be closed on weekend. 10 NYCRR 415.18(a)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on observation, record review, and interviews conducted during the recertification and abbreviated surveys (2669870), the facility did not ensure a Quality Assurance and Performance Improvement (QAPI) program that put forth good faith attempts to identify and correct quality deficiencies. Specifically, the facility was aware of ongoing sightings of roaches and mice (see F925) and there was no evidence a QAPI plan was in place to address pest control. The findings include: The Facility Quality Assurance and Performance Improvement Policy, last revised in March 2025, documented establishing a QAPI committee/subcommittee that works in tandem with the facility leadership and the Quality Assessment & Assurance committee. A review of the 2025 Quarterly Meeting Attendance Sheets titled Quality Assurance and Performance Improvement Employee Sign in Sheets for 4/8/2025, 7/23/2025 and 11/12/25 documented topics for discussion. The 4/8/2025 topics/agenda included Quality Assurance and Performance Improvement for Plan of Correction on staffing, dignity, maintenance repairs, accident/incident report, smoking compliance, pressure ulcers, antibiotic stewardship, documentation. The 7/23/2025 topics/agenda included Quality Assurance and Performance Improvement for Plan of Correction on staffing, dignity, maintenance repairs, exercise of rights, smoking compliance, accident/incident reports, pressure ulcers and antibiotic stewardship. The 11/12/2025 topics/agenda included Quality Assurance and Performance Improvement for Plan of Correction on staffing, dignity, maintenance repairs, accident/incident reports. During interviews with staff and residents from 02/06/2026 to 02/10/2026 there were ongoing concerns regarding pest control (see F925). During an interview on 02/12/2026 at 9:51 AM, the Administrator stated they were aware of the issues regarding roaches and mice being seen on the units. They had not discussed the pest problem as part of the Quality Assurance Performance Improvement program. 10 NYCRR 415.27(a-c)</p>		

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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review conducted during the recertification and abbreviated surveys (#2669870), from 02/05/2026-02/12/2026 the facility did not ensure an effective pest control program was maintained for 3 (three) of 5 (five) residential floors (4th, 5th, and 6th floor) in the facility. Specifically, a roach was observed in room [ROOM NUMBER], residents and staff voiced complaints regarding roaches and mice, and the pest control company logs for the past 6 (six) months documented the ongoing presence of roaches on the resident units. Findings include: During an interview on 02/05/2026 at 9:56 AM, Resident #209 stated when they were in the bathroom they saw cockroaches on the floor. During an interview on 02/05/2026 at 10:14 AM, Resident #92 stated there were a lot of mice and roaches. They stated they told the housekeeper and the housekeeper said they could not do anything about it. During an observation on 02/06/2026 at 9:59 AM, there was a pest trap, with dead bugs stuck on, in room [ROOM NUMBER] under the heating unit. During an interview on 02/06/2026 at 10:18 AM, Resident #16 stated they had seen roaches in their bathroom. On 02/06/2026 at 11:06 AM, Resident Council Meeting was held with 16 residents in attendance. Four (Resident #66, #93, #115, and #110) stated they reported issues with roaches and rats during the resident council meetings and pest control efforts were ineffective. During an observation on 02/10/2026 at 12:39 PM, there was a roach on the floor under a resident overbed table in room [ROOM NUMBER]. A review of the facility Pest Control Log from September 2025 to February 2026 documented pest concerns related to roach and mice infestation. The Pest Control Log documented the roach infestation was ongoing. The Pest Control Logs documented on, 09/07/2025, 10/08/2025, 10/10/2025, 10/17/2025, 10/31/2025, 11/03/2025, 11/04/2025, 11/13/2025, 11/14/2025, 12/08/2025, 12/13/2025, 12/26/2025, 1/14/2026, 1/19/2026, 1/23/2026, roaches and bugs were observed on the unit. During an interview on 02/12/2026 at 9:51 AM the Administrator stated they were aware of the issues regarding roaches and mice being seen on the units. They stated In December of 2025 they increased the pest control to 2 visits per week. They stated they had not discussed the pest problem as part of the Quality Assurance Performance Improvement program. During a phone interview on 02/12/2026 11:20 AM Office Manager at the pest control company stated they had an active contract with the facility, did site visits and recently increased visits to twice a week. They were aware of pest sightings and changed chemicals to increase effectiveness. They were aware that the facility continued to have roaches and mice. During an interview on 02/12/2026 at 11:53 AM, Certified Nurse Aide #22 stated the unit had an ongoing problem with roaches, they thought the pest control company came about once a month, they had not noticed any improvement. During an interview on 02/12/2026 at 11:56 AM, Certified Nurse Aide #21 stated they had seen roaches in residents' rooms and told management. 415.29(j)(5)</p>		