STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335583	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archcare at Providence Rest	3304 Waterbury Avenue Bronx, NY 10465

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. 48876 Based on observations and interviews conducted during the Recertification Survey from 03/02/2025 to 03/07/2025, the facility did not ensure that that the notice of the availability of the most recent New York State Department of Health survey report and plan of correction, was posted in areas that are prominent and readily accessible to the public. Specifically, there were no prominent postings of notices of availability throughout the facility and no posting in the facility lobby which is readily accessible to the public. In addition, members of the Resident Council who were interviewed, were unable to identify locations where signs or postings documented the availability and location of the survey results. The findings are: The Facility Policy and Procedure titled Posting and Availability of Survey Results and Complaint Investigations, revised 01/2025, documented that the facility is committed to transparency and regulatory compliance by: Posting a notice in prominent areas to inform individuals of the availability of survey reports, certifications and complaint investigations from the past three years. Notices informing residents, family members and legal representatives of the availability of survey reports, certifications, and complaint investigations will be prominently posted in key areas such as: Main lobby/reception area, Resident activity room, and Staff bulletin board. The Administrator/Designee will ensure the overall implementation and compliance with this policy and monitor postings and notices. On 03/02/2025 and 03/03/2025 multiple observations of the entire facility lobby were performed. There were no notices of availability posted throughout the facility lobby. On 03/04/25 at 10:00 AM, A Resident Council meeting was held. 12 Residents were in attendance: Residents # 3, #26, #43, #53, #113, #114, #120, #135, #142, #144, #150, #153. None of 12 the Residents present were able to affirm that they had seen a sign or posting that documented the availability and location of the New York State Department of Health survey results. The 12 council members were also unable able to identify where they would be able to locate the actual survey report. (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: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0577 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 03/04/25 at 2:24 PM, The Director of Nursing was interviewed and stated that the signage/posting of the availability and location of the New York State Department of Health survey results must be posted and was posted in the lobby near the glass table and on the units. An observation of the entire facility lobby including the reception desk, bulletin boards and tables was performed with the Director of Nursing, There was no signage or posting located. An observation of the 2nd floor bulletin board and activity room (unit 2C) was performed with the Director of Nursing. There was no signage or posting located. Afterwards the Director of Nursing further stated that they observed that the signage was not present and that they will repost the signage documenting that the survey results are available to be viewed in the first-floor lobby. On 03/04/25 at 2:54 PM, The Facility Administrator was interviewed and stated that the location of survey results must be posted in a general area for all to see. Afterwards, another observation of Unit 2C was performed with the Administrator and the Director of Nursing. A bulletin board was observed by the elevator. From behind the bulletin board glass, the Administrator provided a half sheet of paper documenting under General Information, that the results of the Department of Health survey can be found on the credenza in the lobby. The Administrator then stated that the posting had fallen down where it could not be seen or read and that they will make the sign bigger on the floors, place signs on the bulletin boards and replace the signage in the lobby that is no longer there. The Administrator further stated that they were unsure of what happened to the signage in the lobby, and that the last time they saw the sign was 2 weeks ago as someone must have removed it. On 03/05/25 at 8:05 AM, An observation of the facility lobby was performed. There were no notices of availability and location of the most recent New York State Department of Health survey results posted. 415.3(1)(c)(1)(v)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 Note: The nursing home is disputing this citation.	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** 44842 Based on interview and record review conducted during the Recertification Survey from 3/02/2025 to 3/07/2025, 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 1 (Resident #79) out of 6 residents reviewed for Accidents out of 38 total sampled residents. Specifically, Resident #79 had an unwitnessed incident on 1/15/2025 when Resident was observed on the floor with mild bleeding to the back of their head and resident complained of pain to the left hip area. X-ray report showed acute, mild displaced avulsion periprosthetic fracture of the lesser Trochanter of the left femur. Resident #79 was unable to explain the occurrence. The incident was not reported to the New York State Department of Health. The findings are: The facility's policy titled Identification, Investigation, Protection, and Reporting Physical Abuse, Mistreatment, and Neglect of Residents revised 11/2024 documented all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of Resident property, are 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, 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 administrator of the facility and to other officials (including to the State Survey Agency) through Health Commerce System-Herds Incident Report. Resident #79 had diagnoses of Non-Alzheimer's Dementia, Anxiety, and Depression. The Significant Change in Status Minimum Date Set 3.0 assessment dated [DATE] documented Resident #79 had severely impaired cognition. Resident #79 required moderate assist to roll left and right, sit to lying and lying to sitting on side of bed, chair to bed transfer, and walk 10 feet. The Comprehensive Care Plan created 11/28/2022 and last revised 1/22/2025 documented Resident #79 was at risk for falls due to history of falls, impaired mobility, and psychotropic medication. Interventions included keep bed in low position and lock, nonskid socks while in bed, and provide ongoing assessment of risk factors. The Accident Investigation dated 1/15/2025 documented at 9:10 AM Resident #79 had an unwitnessed fall in their room. Certified Nursing Assistant #6 last saw Resident #79 in bed at 9:05 AM. Resident #79 complained of pain to the left hip area and there was mild bleeding noted on the back of resident's head. Resident's statement did not explain the occurrence/injury. Resident #79 was transferred to the hospital and admitted due to a fracture of the left hip. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 Note: The nursing home is disputing this citation.	The Investigation Summary completed 1/15/2025 documented on 1/15/2024 at 9:10 AM Resident #79 had an unwitnessed fall and was found on the floor in their room. Resident #79 complained of pain to the left hip area and there was mild bleeding noted on the back of resident's head. Resident #79 did not provide any explanation/statement about the occurrence. The Conclusion documented Resident #79 was observed multiple times by staff in the past getting out of bed without calling for assistance related to diagnosis of anxiety disorder. Review of the camera shows, there were no other staff, or resident that went inside the room from the time the resident was last seen, up to the time the resident fell . There is no evidence of abuse, neglect, mistreatment, or care plan violation. Upon return to the facility the plan of care will be updated. A Hospital Discharge summary dated 1/20/2025 documented Resident #79 sustained trauma from a mechanical fall at the nursing home. The resident was taken to the operating room on 1/17/2025 for a left open reduction and internal fixation. There was no documented evidence the facility reported Resident #79's unwitnessed fall incident, resulting in major injury, to the New York State Department of Health. On 3/07/2025 at 1:47 PM, the Director of Nursing was interviewed and stated they completed their investigation and reviewed the video footage which revealed no one entered Resident #79's room before the fall. The Director of Nursing further stated they did not report this unwitnessed fall with major injury to the Department of Health because of the video footage. On 3/07/2025 at 1:59 PM, the Administrator was interviewed and stated they are not sure if the fall that occurred on 1/15/2025 should or was reported to the Department of Health. The Director of Nursing is responsible for the reporting. On 3/07/2025 at 2:47 PM, the Administrator was interviewed again and stated the video on 1/15/2025 that shows the hallway outside Resident #79's room before the fall was deleted as the machine self-deletes in order to save space. 10 NYCRR 415.4(b)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136 Based on record review and interviews during the Recertification Survey conducted from 03/02/2025 to 03/07/2025, the facility did not ensure that Minimum Data Set assessments accurately reflected the Resident's status. This was evident in 1 (Resident #116) of 38 total sampled residents. Specifically, the Minimum Data Set assessment for Resident #116 did not accurately reflect the Resident's use of a feeding tube. The findings are: The facility policy titled Minimum Data Set Coding, last revised 01/16/2025, documented that the interdisciplinary team will conduct a comprehensive assessment to identify each Resident's preference and goals of care, functional, and health status. The minimum data set assessments coordinator ensures the interdisciplinary team completes the resident's assessments and reviews promptly according to the Center for Medicaid and Medicare Services guidelines. Resident #116 was admitted to the facility with diagnoses that include Atrial Fibrillation, Chronic Obstructive Pulmonary Diseases, and Dysphagia. The Minimum Data Set quarterly assessment dated [DATE] did not document a feeding tube. The Medical Doctor's Monthly note dated 02/11/2025 at 4:08 PM documented enteral tube was in place. Annual Nutrition Assessment Note dated 11/20/2024 at 4:07 PM documented that Resident #116 depends on eternal feeding and water flushes for 100% nutritional and fluid needs. On 03/07/2025 at 11:13 AM, Certified Nursing Assistant # was interviewed and stated that Resident # 116 receives tube feeding. The Resident has been on tube feeding since admission. On 03/07/2025 at 1:03 PM, Registered Nurse Supervisor #1 was interviewed and stated that Resident # 116 has been on tube feeding since admission and tolerates it well. On 03/06/2025, at 2:23 PM, the Registered Dietician #1 was interviewed and stated that the Dietician completed the nutrition section of the minimum data set assessment. Resident #116 receives tube feeding and do not know why it was not coded. Usually, the minimum data set coordinator would inform us if something was wrong, and then we would correct it. On 03/07/2025 at 9:01 AM, Registered Dietician #2 was interviewed and stated that they completed the nutrition section of the assessment. Resident #116 is on the tube feed and in, but it was not coded. I might have checked the wrong box. The minimum data set coordinator checks the coding, and if there is a discrepancy, they will reach out to us to review it and correct it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335583	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archcare at Providence Rest	3304 Waterbury Avenue Bronx, NY 10465

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 03/06/2025 at 2:08 PM, the Minimum Data set Coordinator was interviewed and stated that Resident # 116 was on tube feeding. The Dietician completes the nutrition section of the assessment. Tube feeding was not coded. It should have been coded. The minimum data set coordinator ensures the assessment is coded accurately before submission. 10 NYCRR 415.11 (b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 39136 Based on record review and staff interviews conducted during the Recertification Survey from 03/02/2025 to 03/07/2025, the facility did not ensure that residents' and their representatives were provided with a written summary of the Baseline Care Plan. This was evident in 1 (Resident #10) of 2 residents reviewed for Tube Feeding out of 38 total sampled residents. Specifically, residents or their representatives did not receive a copy of their baseline care plan. The findings are. The facility policy and procedure titled Baseline Care Plan Comprehensive Care Plan with the last revised date March 2019 documented Baseline Care Plan will be develop and implemented within 48 hours for all newly admitted residents. A copy of the baseline care plan will be provided to the resident/representative on or before the scheduled Initial Comprehensive Care Plan Meeting by the RN Manager or Designee. The family will then sign that they have received a copy of the said care plan. In some cases, wherein our staff could not reach a family member, the Medical Records Dept will send a copy of Baseline Care Plan through mail within 2 weeks from the day of admission. Resident #10 was admitted to the facility on [DATE] with the diagnoses that include Multiple Sclerosis and Depression. The Admission Minimum Data Set assessment dated [DATE] documented Resident #10's cognition as severely impaired with a Brief Interview for Mental Status score of 4. A Baseline Care Plan form dated 08/01/2024 and 08/02/2024 was completed for Resident #10 with signatures of interdisciplinary staff. There was no signature of Resident #10 or the resident's family representative. There was no documented evidence that Resident #10's family representative was provided with a written copy of the Baseline Care Plan. On 03/07/2025 at 2:18 PM the Minimum Data Set Coordinator #2 was interviewed and stated that Resident #10's baseline care plan was initiated the same day that the resident was admitted . The interdisciplinary team met with Resident #10 at the bedside on 08/02/2024 and explained fall protocol and went over the medications with the resident. Resident #10 was cognitively impaired and we were not able to reach the family. A copy of the Baseline Care Plan was left at the bedside. On 03/07/2025 at 3:33 PM the Director of Social Service was interviewed and stated that the morning after the resident was admitted , the interdisciplinary team met with the resident at the bedside and introduced themselves. Resident #10 was cognitively impaired, and they had a difficult reaching the family. The resident family representative said that that they will come and visit so we left a copy of the Baseline Care Plan at the bedside. We always leave a copy with the resident at the bedside. The Director of Social Service and the Minimum Data Set Coordinator are responsible to ensure the baseline care plan is provided to the residents and resident family representative. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 03/07/2025 at 1:55 PM the Director of Nursing was interviewed and stated that Resident #10's Baseline Care Plan was completed the first day after admission. The interdisciplinary team met with the resident at the bedside and went over the medication and explained fall protocol to the resident. A copy Resident # 10's Baseline Care Plan was left at the bedside for the family representative. 10 NYCRR 415.11 (c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review and staff interviews during the Recertification Survey conducted from 3/2/2025 to 3/7/2025, the facility did not ensure that a person-centered comprehensive care plan was developed and implemented to address the resident's medical, physical, mental, and psychosocial needs. Specifically, comprehensive care plan was not developed and implemented for a resident prescribed an antibiotic for urinary tract infection. This was evident in 1(Resident #179) of 4 residents reviewed for Urinary Tract Infections out of total 37 sampled residents. The findings are: The facility's policy and procedure titled Comprehensive Care Plan revised 3/5/2024 documented, each resident will have a comprehensive care plan developed and will be updated on an on-going basis. Resident #179 was admitted to the facility with Diabetes Mellitus, Cerebrovascular Accident, and Hypertension. The Minimum Data Set, dated dated dated [DATE] documented resident had severely impaired cognition. The Physician Order initiated 2/25/2025 documented Amoxicillin Clavulanate Potassium 875-125 MG, 1 tablet twice daily for urinary tract infection. The Medication Administration Record from 2/25/2025 to 3/4/2025 documented Amoxicillin Clavulanate Potassium 875-125 MG, 1 tablet was administered twice daily. The Nursing Note dated 2/25/2025 documented Resident #179's urine culture noted positive with E. Coli and Klebsiella Pneumonia. Informed resident representative via phone call. Nurse Practitioner notified and ordered resident to start Augmentin 875-125 mg twice daily for 7 days. The Physician Note dated 2/26/2025 documented Resident #179 was followed up for urinary tract infection. Resident started on Amoxicillin/Potassium Clavulanate 875-125 mg 1 tablet every 12 hours and to monitor. The Nursing Note date 3/5/2025 documented resident completed Amoxicillin/Potassium Clavulanate 875-125 mg 1 tablet twice daily for urinary tract infection with duration for 7 days, ending on 3/4/2025. Review of the Comprehensive Care Plans dated 2/18/2025 revealed that no care plan for antibiotic therapy for urinary tract infection was ever created for Resident #179. On 3/6/2025 at 2:14 PM, Registered Nurse #1 stated Resident #179 was on antibiotic therapy for urinary tract infection and finished the antibiotic this week. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	On 3/5/2025 at 2:26 PM, Registered Nurse #2 stated they were not aware that Resident #179's care plan for antibiotic treatment was not initiated. Registered Nurse #2 stated they do not know why it was not initiated but it should have been created. Registered Nurse #2 further stated that all care plans are being initiated and updated by the Minimum Data Set Coordinators. On 3/7/2025 at 10:38 AM, Minimum Data Set Coordinator #1 stated Resident #179 started on Amoxicillin for UTI and no care plan was created for the antibiotic usage as per their record review. Minimum Data Set Coordinator #1 stated they discuss new admissions, incident/accidents, any changes related to the residents during their morning report and notified via telephone call. Minimum Data Set Coordinator #1 stated they do not recall getting any notification about Resident #179 starting antibiotic for urinary tract infection; therefore, the care plan was probably not developed for this resident. On 3/7/2025 at 9:56 AM, Director of Nursing Services was interviewed and stated, any change in condition or new admissions are discussed with the interdisciplinary team every morning. The interdisciplinary team includes Minimum Data Set Coordinators who are currently responsible for developing and updating the resident's care plans. Director of Nursing Services stated there is currently no care plan for Resident #179's antibiotic therapy for a urinary tract infection but it should have been initiated when resident started the antibiotic treatment. 10 NYCRR 415.11(c)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842 Based on observation, record review, and interviews during the Recertification Survey conducted from 03/02/2025 to 03/07/2025, the facility did not ensure a resident received adequate supervision to prevent an accident. This was evident in one (1) (Resident #79) of six (6) residents reviewed for accidents out of 38 total sampled residents. Specifically, Resident #79, who was identified as high risk for falls and had a history of multiple falls, was not provided adequate monitoring or supervision. Subsequently, on 01/15/2025 at approximately 9:10 AM, Resident #79 had an unwitnessed fall in their room and sustained a fracture of the left femur (commonly known as the thigh bone). This resulted in actual harm to Resident #79 that was not Immediate Jeopardy. The findings are: The facility's policy titled Falls and Risk Management with a last revision date of 02/01/2024 documented staff will identify interventions related to the resident's specific risks and causes to try to minimize the risk of resident from falling and to try to minimize complications from falling. Resident #79 had diagnoses of Non-Alzheimer's Dementia (loss of memory and other intellectual functions), Anxiety, and Depression. The Significant Change (a major decline or improvement in a resident's status) Minimum Data Set Assessment (assessment tool used to assess resident status) dated 01/13/2025 documented Resident #79 had severely impaired cognition and required partial/moderate assistance for all activities of daily living. Resident #79 was able to walk 10 feet with partial/moderate assistance and required the use of wheelchair for mobility. The assessment documented Resident #79 had a fall with minor injury since the last quarterly assessment completed on 11/11/2024. A Fall Risk Assessment form completed by Registered Nurse #3 on 01/08/2025 documented Resident #79 was at high risk for falls. The fall risk assessment documented Resident #79 had 1-2 falls in the past 3 months, had intermittent confusion, and had balance problems while walking and standing. A Comprehensive Care Plan for falls was initiated for Resident #79 on 11/28/2022. The care plan documented Resident #79 was at risk for falls due to history of falls, impaired mobility, and on cardiac and psychotropic medications. The facility interventions included keeping bed in low position and lock, nonskid socks while in bed, and provide ongoing assessment of risk factors. A Plan of Care Note documented by Minimum Data Set Coordinator #3 dated 12/31/2024 documented Resident #79 had a fall on 12/30/2024 at 9:40 AM while attempting to toilet without supervision. An Accident/Investigation Form dated 01/08/2025 documented on 01/08/2025 at approximately 11:05 AM, Housekeeper #1 reported that Resident #79 was observed sitting on the floor in the day room. A medical note dated 01/08/2025 at 4:42 PM documented Resident #79 did not sustain injury. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	A review of the Daily Day Room Assignment dated 01/08/2025 showed that the dayroom was not consistently monitored. There was no evidence of staff supervision from 9:30 AM - 10:00 AM and from 10:30 AM to 11:00 AM. A review of the care plan for falls showed no documented evidence that Resident #79's fall interventions were reviewed and there was no new intervention added to address the cause of Resident #79's fall occurrences on 12/30/2024 and 01/08/2025. There was no documented evidence of how often Resident #79 was monitored or supervised to prevent falls. A 24-hour report dated 01/15/2025 at 1:22 PM by Registered Nurse #3 documented Registered Nurse #3 was called to the resident's room by Certified Nursing Assistant #7 who reported that Resident #79 was on the floor. Resident #79 was unable to state what occurred. The resident was assessed with findings of a scrape and bruising to the left side of the scalp and complained of left leg and left hip pain. The Investigation Summary completed by Assistant Director of Nursing #1 dated 01/15/2025 documented on 01/15/2025 Resident #79 was observed in their room laying on the floor. The investigation findings documented Resident #79 got out of bed unsupervised, attempted to ambulate, and fell over on their side. The investigation findings documented Resident #79 was last seen by staff at 9:05 AM and fell at 9:10 AM. Resident #70 complained of pain on the left hip, Resident was assessed by the physician and was transferred to the hospital on 01/15/2025. A Hospital Discharge Summary dated 01/20/2025 documented Resident #79 was admitted on [DATE], sustained displaced fracture of the left lesser trochanter (area on the thigh bone) from a fall at the nursing home. The resident was taken to the operating room on 1/17/2025 for a left femur open reduction and internal fixation (repair of broken bone). During an interview on 03/06/2025 at 4:21 PM, Housekeeper #1 stated on 1/08/2025 they were cleaning the room next to the dining room when they heard someone weeping. Housekeeper #1 stated they checked the dining room and found Resident #79 on the floor by the door. They further stated there were other residents in the dining room and there was no staff present. During an interview on 03/06/2025 at 4:46 PM, Certified Nursing Assistant #7 stated on 1/15/2025 in the morning (they could not recall specific time) they were passing by Resident #79's room and heard someone screaming for help. Certified Nursing Assistant #7 stated they found Resident #79 on the floor, in their room, and called for the nurse. During an interview on 03/07/2025 at 10:56 AM, Certified Nursing Assistant #6 stated they were Resident #79's assigned aide on 01/15/2025 and had taken Resident #79 to the bathroom and provided morning personal care. Certified Nursing Assistant #6 stated they assisted Resident #79 in bed, left the room, and five minutes later Certified Nursing assistant #7 found Resident #79 lying on the floor in their room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0689 Level of Harm - Actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	During an interview on 03/07/2025 at 12:38 PM, Registered Nurse #3, who was the Nursing Supervisor, they stated on 01/08/2025 Resident #79 had an unwitnessed fall in the day room because Certified Nursing Assistant #6, who was assigned to monitor the residents, left the room unattended to take another resident to the bathroom. Registered Nurse #3 stated on 01/15/2025, Resident #79 received morning care around 8:00 AM and was left in bed. Shortly after, Resident #79 was found on the floor in their room and sustained a fractured leg. Resident #79 was transferred to the hospital and had surgery. Registered Nurse #3 further stated there is no schedule for safety rounding on the units, and they could not provide a specific rounding or monitoring schedule for Resident #79. During an interview on 03/07/2025 at 1:16 PM, the Director of Nursing stated Resident #79 is very impulsive and tries to get up from their bed and wheelchair without assistance. Resident #79 was previously ambulatory and started to decline prior to the fall on 01/15/2025 when they sustained a hip fracture. During an interview on 03/07/2025 at 1:33 PM, the Administrator stated, Resident #79 had fall occurrences that were discussed during morning report with all disciplines. The Administrator stated on 01/08/2025, the aide should have not left the residents alone in the day room. 10 NYCRR 415.12(h)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43350 Based on the interviews, observations and record reviews conducted during the Recertification Survey from 3/02/2025 to 3/07/2025, the facility did not ensure that it had sufficient staff to provide nursing care and services to maintain the highest practicable physical, mental and psychosocial well-being of each resident. Specifically, the CASPER Payroll Based Journal Staffing Data report for 4th quarter 2024 triggered for low weekend staffing and review of staffing indicated that actual staffing levels were not maintained at par levels indicated in the Facility Assessment. The findings are: The facility document titled Staffing Plan reviewed in July 2024 stated that the policy is that the facility will have sufficient staff to provide nursing and related services to maintain the highest practicable physical, mental and psychosocial well-being of each resident The document also stated that each nursing unit is staffed by a nurse and certified nursing assistants. The facility staffing sheets outlined 6 resident units. The Payroll Based Journal Staffing Data Report CASPER Report 1705D Fiscal Year Quarter 4 2024 (July 1-September 30) triggered for excessively low weekend staffing. During the Resident Council Facility Task, Resident #114 stated that staffing issues continue in 2025. Resident #114 also stated that there used to be 5 Certified Nursing Assistants assigned to their unit, but now there are only 2 during the day shift at times, particularly on weekends when a resident can wait for an hour or more for a call bell to be answered. Resident #144 further stated that on weekends staff do not cover for one another during breaks. The Facility assessment dated [DATE] documented that the general staffing plan to ensure there is sufficient staff to meet the needs of residents at any given time was as follows: Licensed Nurses: RN (Registered Nurse), LPN (Licensed Practical Nurse) Days: 1-3 Evenings: 1-2 Nights: 1 Registered Nurse Wound Nurse 1 (Monday to Friday) Direct care staff- C.N.A. (Certified Nursing Assistant) Certified Nursing Assistants: Days: 18 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Evenings: 18 Nights: 16 Staffing sheets were reviewed for the 4th quarter of 2024 (July 1- September 30) weekends and revealed the following: Saturday, 07/06/2024: Day shift: 15 Certified Nursing Assistants Sunday, 07/07/2024: Night: 12 Certified Nursing Assistants Saturday, 07/13/2024: Night: 11 Certified Nursing Assistants Sunday, 07/14/2024: Night: 10 Certified Nursing Assistants Saturday, 07/21/2024: Night: 11 Certified Nursing Assistants Sunday, 07/22/2024: Night: 9 Certified Nursing Assistants Saturday, 07/27/2024: Night: 10 Certified Nursing Assistants Sunday, 07/28/2024: Night: 11 Certified Nursing Assistants Saturday, 08/03/2024: Night: 11 Certified Nursing Assistants Sunday, 08/04/2024: Day shift: 14 Certified Nursing Assistants Night: 9 Certified Nursing Assistants (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Saturday, 08/10/2024: Night: 11 Certified Nursing Assistants Sunday, 08/11/2024: Day shift: 16 Certified Nursing Assistants Evening: 15.5 Certified Nursing Assistants Night: 5 nurses and 12 Certified Nursing Assistants Saturday, 08/17/2024 Night: 12 Certified Nursing Assistants Sunday, 08/18/2024: Day shift: 15 Certified Nursing Assistants Evening: 15 Certified Nursing Assistants Night: 6 Certified Nursing Assistants Saturday, 08/24/2024: Night: 8 Certified Nursing Assistants Sunday, 08/25/2024: Day shift: 4 nurses and 15 Certified Nursing Assistants Night: 11 Certified Nursing Assistants Saturday, 08/31/2024: Day shift: 5 nurses Night: 7 Certified Nursing Assistants Saturday, 09/07/2024: Evening: 13 Certified Nursing Assistants Night: 11 Certified Nursing Assistants Sunday, 09/08/2024: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE 3304 Waterbury Avenue Bronx, NY 10465	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Day shift: 15 Certified Nursing Assistants Night: 9 Certified Nursing Assistants Saturday, 09/14/2024: Night: 11 Certified Nursing Assistants Sunday, 09/15/2024: Day shift: 3 nurses and 14 Certified Nursing Assistants Night: 9 Certified Nursing Assistants Saturday, 09/21/2024: Night: 5 nurses and 10 Certified Nursing Assistants Sunday, 09/22/2024: Day shift: 5 nurses Evening: 10 Certified Nursing Assistants Night: 5 nurses and 7 Certified Nursing Assistants Sunday, 09/29/2024: Day shift: 5 nurses and 17 Certified Nursing Assistants Evening: 12 Certified Nursing Assistants Night: 5 nurses and 8 Certified Nursing Assistants During the 4th quarter of 2024, there was less than 1 nurse per unit on 5 day shifts and 4 night shifts, below 18 Certified Nursing Assistants on 8 day shifts and 5 evening shifts and below 16 Certified Nursing Assistants on 23 night shifts. Additionally, staffing sheets were reviewed for 7 days before and during the Recertification survey and revealed the following: Wednesday, 02/25/2025: Night: 13 Certified Nursing Assistants Friday, 02/27/2025: Night: 3 nurses and 15 Certified Nursing Assistants (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025
NAME OF PROVIDER OR SUPPLIER: Archcare at Providence Rest		STREET ADDRESS, CITY, STATE, ZIP CODE: 3304 Waterbury Avenue Bronx, NY 10465	

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	Saturday, 02/28/2025: Night: 5 nurses and 15 Certified Nursing Assistants Sunday, 03/01/2025: Night: 12 Certified Nursing Assistants Monday, 03/02/2025: Night: 5 nurses and 14 Certified Nursing Assistants During this period, there was less than 1 nurse per unit on one day shift and one night shift and was below 16 Certified Nursing Assistants on 5 night shifts. On 03/06/2025 at 9:33 AM, Licensed Practical Nurse #1 was interviewed and stated that sometimes during the week there are two nurses on the unit on their shift, but most of the time and particularly on weekends, they are working alone. Licensed Practical Nurse #1 also stated that when they are the only nurse on the unit, it is not possible to complete morning medications for all the unit residents on time since some of the medications need to be specially prepared and some of the residents also need their vitals taken. On 03/06/2025 at 2:42 PM, the Staffing Coordinator was interviewed and stated that the facility has been chronically understaffed since Spring 2024 when the facility lost access to most of its staffing agencies because their contracts were not renewed on the corporate level. The Staffing Coordinator also stated that when a last-minute callout occurs, they see how many staff members on the previous shift are willing to work overtime and then use a call list of employees who can come in on their off days. Many times, voicemail messages are left, and their calls are not returned. The Staffing Coordinator further stated that the corporate division is recruiting nursing staff at this time, but retention is an issue because the facility is difficult to reach by public transportation. On 03/07/2025 at 9:57 AM, Registered Nurse #5 was interviewed and stated that they are a nursing supervisor but were passing medications on one unit because there was no medication nurse available for the shift. Registered Nurse #5 also stated that they also assist the Certified Nursing Assistants with whatever tasks they require two assists for or are unable to complete. Registered Nurse #5 further stated that it is tough to do their jobs and also someone else's. On 03/07/2025 at 11:29 AM, Certified Nursing Assistant #9 was interviewed and stated that staff try their best to work as a team, but it is hard, especially on weekends, and they are not able to finish their work on time because there is not enough staff to meet everyone's needs. On 03/07/2025 at 10:17 AM, Licensed Practical Nurse #2 was interviewed and stated that on their unit, they have 3 Certified Nursing Assistants assigned and are able to handle medications for the residents with no trouble, but that on some weekends when there are only 2 Certified Nursing Assistants, they have to fill in whenever anyone needs help and medications are not given on time. Licensed Practical Nurse #2 also stated it gets very hectic, everybody is rushing, and that is not a good atmosphere on the unit. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335583	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Archcare at Providence Rest	3304 Waterbury Avenue Bronx, NY 10465

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many Note: The nursing home is disputing this citation.	On 03/07/2025 at 10:52 AM, Certified Nursing Assistant #10 was interviewed and stated that they usually go home on weekends very downhearted because they feel they have not given their residents optimal care. Certified Nursing Assistant #10 also stated they want to care for residents the way we would care for our parents, but it is impossible when you are running to finish your work. On 03/07/2025 at 12:56 PM, the Director of Nursing was interviewed and stated that the facility now has a dedicated staff recruiter who is working hard but that the facility is often seen as less attractive to staff because of the location. The Director of Nursing also stated that nursing management often comes in on their off days and covers for staff nurses. On 03/07/2025 at 1:04 PM, the Administrator was interviewed and stated that the inaccessibility of the facility has been a real hurdle in recruiting and keeping nursing staff. The facility has used multiple hiring agencies and online platforms, offered employees sign-on bonuses for recommending friends and put up print advertisements on local bus shelters as well as in newspapers. The Administrator also stated that they have gone to six or seven nursing schools to recruit new graduates and raised salaries in order to offset travel costs. The Administrator further stated that so far in 2025, the facility was able to put 4-5 Certified Nursing Assistants on each floor in the larger building and 2-3 in the smaller building. 10 NYCRR 415.13(a)(1)(i-iii)