STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335716	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Glen Cove Center for Nursing and Rehabilitation	6 Medical Plaza Glen Cove, NY 11542

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review during the Recertification Survey initiated on 12/11/2025 and completed on 12/18/2025, the facility did not ensure each resident was served food that was palatable, attractive, and at a safe and appetizing temperature. This was identified for six (6) (Resident #23, Resident #39, Resident #25, Resident #8, Resident #121, Resident #129) of seven (7) residents during the Resident Council meeting. Specifically, during the Resident Council meeting held on 12/12/2025, six (6) of seven (7) alert and lucid residents in attendance complained the hot meals were served cold. On 12/16/2025, during the lunch meal service observations, the lunch meal temperatures for the hot food items were observed to be below 135 degrees Fahrenheit.The finding is:The facility's policy titled Meal Pass Distribution & Food Temperature Control dated October 2024 documented that during meal pass the hot food temperatures should be maintained at or above 135 degrees Fahrenheit.The Resident Council meeting was conducted on 12/12/2025 at 11:45 AM. Six (6) of seven (7) residents during the group interview complained they were served cold food during meals that should have been served hot.During an interview on 12/12/2025 at 12:26 PM, the Ombudsman stated residents regularly complain about hot food being served cold which affects the food palatability. The Ombudsman stated that the complaints about food are from residents throughout the facility and not just on one unit. A review of the Resident Council minutes from 6/2025 to 10/2025 revealed during each of these Resident Council meetings under the heading Old Business, there was documentation that food temperatures were improving as per residents.On 12/16//2025, during the lunch meal service, four (4) test trays were requested for four (4) (Akahai Unit, [NAME] Unit, Olakino Unit, and Imua Unit) of four (4) units in the facility.The first of the two meal trucks for the Akahai Unit arrived on the unit at 11:39 AM and the second meal truck arrived on the unit at 11:46 AM. The last meal tray on the Akahai Unit was observed to be served at 12:10 PM at which time the test tray temperature was taken in the presence of Licensed Practical Nurse #1. The temperature reading for the roast beef was 127 degrees Fahrenheit, mashed potatoes 123 degrees Fahrenheit, and green beans 121 degrees Fahrenheit.The first of the two meal trucks for the [NAME] Unit arrived on the unit at 12:00 PM and the second meal truck arrived on the unit at 12:08 PM. The last meal tray on the [NAME] Unit was observed to be served at 12:37 PM at which time the test tray temperature was taken in the presence of the Registered Nurse #2. The temperature reading for the mashed potatoes was 125.4 degrees Fahrenheit and green beans 120 degrees Fahrenheit.The second unit meal truck of two meal trucks for the Olakino Unit arrived on the unit at 12:37 PM. The last meal tray from this meal truck on the Olakino Unit was observed to be served at 12:52 PM at which time the test tray temperature was taken in the presence of Registered Nurse #1. The temperature reading for the roast beef was 129 degrees Fahrenheit and the green beans 130.5 degrees Fahrenheit.On 12/16/2025 at 12:47 PM, at the conclusion of the lunch meal observation of the tray line in the kitchen, it was observed that only 5 resident trays of approximately 18-20 resident trays sent to the Imua unit had heated pellet bottoms. The second unit meal truck of the two meal trucks for the Imua Unit arrived on the unit at 12:49 PM. The last meal tray from this meal truck on the Imua Unit was observed to be served at 12:55 PM at which time the test tray temperature was taken in the presence of Licensed (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

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Practical Nurse #2. The temperature reading for the roast beef was 124 degrees Fahrenheit and the green beans 111 degrees Fahrenheit.During an interview on 12/16/2025 at 2:00 PM, Resident #129 stated their hot meals are often served cold because it takes a long time for the staff to deliver the food to their rooms. During an interview on 12/17/2025 at 8:15 AM, Resident #8 was in bed with their breakfast tray on their overbed table. The resident stated they were not eating their breakfast because their meal was delivered cold.During an interview on 12/17/2025 at 9:25 AM, Licensed Practical Nurse #1 (Akahai Unit Manager) stated the meal trays served to residents eating in their rooms are on the same meal truck that serves the residents eating in the dining room. The dining room residents are served first, so the meal trays for the residents who eat in their rooms have to wait for their meals until the dining room service is completed. During an interview on 12/17/2025 at 10:00 AM, the Food Service Director stated approximately 13-15 heated pellet bottoms were not available for the lunch meal service for theImua unit, because they may have been left upstairs on the units from breakfast that morning. The Food Service Director stated that all the meal trays should have heated pellet bottoms to help keep the residents' meals warm. The Food Service Director stated they were unaware that there were not separate meal trucks for the Akahai and [NAME] units for those residents who eat in their rooms. The Food Service Director stated that they were aware from Resident Council Meetings there were problems with keeping the residents' hot foods at 135 degrees Fahrenheit or greater. The Food Service Director stated the residents' food is at appropriate temperature in the kitchen, but once it leaves the kitchen it is out of their hands as to what happens to the food. During an interview on 12/17/2025 at 11:40 AM, the Administrator stated they were aware the residents had concerns regarding hot meals served cold. The Administrator stated there should have been enough heated pellets for all the resident meals in the facility. The Administrator stated to prevent the food from getting cold, the residents eating in the dining room should have their meals delivered on a separate meal truck than residents who eat in their rooms. 415.14(d)(1)(2)

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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. Based on observations, interviews, and record review during the Recertification Survey initiated on 12/11/2025 and completed on 12/18/2025 the facility did not ensure that comfortable temperature levels were maintained in the facility. This was identified for one (1) (Resident #2) of one (1) resident reviewed for the Environmental Task. Specifically, on 12/15/2025 Resident #2 complained of being cold. The room temperature was measured to be 66 degrees Fahrenheit.The finding is:The facility policy titled Ambient Temperature, dated 01/02/2018, documented the facility is to maintain the temperature within the resident areas at a safe and comfortable level. Whenever the temperature in any resident area is outside the temperature range, the nursing home shall immediately evaluate the situation and take appropriate action to ensure the health, safety and comfort of its residents. The Engineering department shall do routine temperature checks of various rooms daily and log the findings. If there is an unusual weather action, then temperature shall be monitored more frequently. Respond to temperatures in resident areas that are outside the temperature range documented: identification of available sites within or outside the nursing home to which residents can be relocated temporarily. The policy did not indicate the required temperature range required in the resident area. Resident #2 was admitted with diagnoses including non-Alzheimer's dementia, Parkinson's disease, and malnutrition. The 11/28/2025 admission Minimum Data Set assessment documented a Brief Interview for Mental Status assessment score of 6, indicating the resident had severe cognitive impairment.During an observation on 12/15/2025 at 09:35 AM, while Licensed Practical Nurse #1 and Certified Nursing Assistant #2 were preparing to perform Resident #2's wound care treatment, the resident complained of being cold. The resident was in bed and was the only resident in the two-bedded room. The ambient temperature in the room felt cold. Licensed Practical Nurse #1 acknowledged the room was cold and said they would reach out to the maintenance department to turn the heat on after the wound care treatment was completed. Certified Nursing Assistant #2 stated they would get the resident another blanket. During an observation on 12/15/2025 at 11:00 AM, Resident #2 was in bed and complained that they were still cold. The resident had two blankets on. The surveyor noticed a gap in the wall above the wall-mounted air conditioning unit and there was a cold draft coming into the room above the air conditioner through the gap. On 12/15/2025 the outdoor atmospheric temperature at the time of observation was 28 degrees Fahrenheit. During an interview on 12/15/2025 at 11:05 AM, Licensed Practical Nurse #1 stated immediately after performing the wound care, they called the maintenance department to report that Resident #2's room was cold. During an observation and interview on 12/15/2025 at 11:14 AM, Resident #2 was in bed and was still complaining of being cold. At this time Maintenance Office Worker #1 arrived at Resident #2's room with an infrared thermometer and checked the room temperature, which was 66 degrees Fahrenheit. Maintenance Office Worker #1 confirmed there was a cold draft coming into the room from the gap above the air conditioner unit and that they would apply an insulated cover over the air conditioner unit. During an observation with the Director of Engineering and Environmental Service #1 on 12/15/2025 at 11:40 AM, the wall mounted air conditioning unit in Resident #2's room was now observed to be insulated. Director of Engineering and Environmental Service #1 stated that the heating unit in the resident's room was working properly. The cool temperature in Resident #2's room might be due to the location of the room as the room is located next to the stairwell and the stairwell is not heated. The temperature reading, using an infrared thermometer directed at the stairwell wall, measured 63 degrees Fahrenheit. During an observation on 12/15/2025 at 1:25 PM, the air conditioning unit now had an insulated cover on and there was no cold draft coming through; however, the resident was still in bed and complaining of being cold. The room continued to feel cold.During an observation and re-interview on 12/15/2025 at 1:40 PM, Director of Engineering and Environmental Service #1 checked Resident #2's room temperature with their infrared thermometer and the reading (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	was 67 degrees Fahrenheit. The Director of Engineering and Environmental Service #1 stated they could not explain why the room was cold. The resident was still in bed and complaining of being cold. Director of Engineering and Environmental Service #1 stated the ambient room temperature checks (four random rooms) are taken daily in the facility and there have not been any issues identified. Even though the temperatures for rooms by the stairwell run a little cooler, the room temperatures should still be at least 71 degrees Fahrenheit.Review of the December 2025 Daily Air Temperature Log revealed that there were four random room temperature checks done daily with temperatures ranging from 71 degrees Fahrenheit to 77 degrees Fahrenheit. Resident #2's room was last checked on 12/12/2025 with a temperature reading of 71 degrees Fahrenheit.A progress note dated 12/15/2025 at 06:30 PM written by Social Work Director #1 documented Resident #2's room was changed. The reason for room change was the resident complained their room was cold; the Social Worker offered a room change and the resident agreed.During an interview on 12/18/2025 at 10:12 AM, Social Work Director #1 stated Resident #2's room was changed on 12/15/2025 at 4:00 PM.During an interview on 12/18/2025 at 10:16 AM, the Administrator stated the staff should have asked the resident if they were comfortable and if they preferred a room change. The nursing staff should have alerted the maintenance department right away when the resident complained of being cold and the room temperature was found to be below the required range. The facility had empty beds available on 12/15/2025 and there was no reason that it took all day for the resident to be moved to another room. 10 NYCRR 415.5(h)(4)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, record review, and interviews conducted during the Recertification Survey initiated on 12/11/2025 and completed on 12/18/2025, the facility did not follow proper sanitation practices to prevent the outbreak of foodborne illness and did not store and prepare food in accordance with professional standards for food service safety. This was identified during the Kitchen Task. Specifically, the floor of the kitchen's walk-in freezer was observed soiled with food debris and frozen brownish substance during the initial kitchen tour on 12/11/2025. On follow-up kitchen observation on 12/12/2025, the floor in the walk-in freezer remained dirty and soiled with the unknown brown substance stuck to the floor. Additionally, a bag of frozen chopped spinach was observed on the floor, wedged behind the foot of the shelf and the corner of the walk-in freezer.The finding is: The facility's policy and procedure titled General Sanitation of the Kitchen effective 04/2022 documented that food and nutrition staff will maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule. The frequency of cleaning for each task will be defined. Method and materials/cleaning compounds to be used for cleaning/sanitizing will be written for each task. Employees will be trained on how to perform cleaning tasks. Employees will initial and date when the tasks are completed. A review of the Kitchen Daily Cleaning Log documented that daily cleaning of the walk-in freezer was designated to the Assigned Area A. The log did not include method and materials/cleaning compound to be used for cleaning/sanitizing for each task. The form was signed by [NAME] #2 from 12/01/2025 through 12/10/2025 indicating daily cleaning of the walk-in freezer. The facility's policy and procedure titled Food Receiving/ Storage Procurement and Labeling effective 06/2023 documented that staff will inspect food, food products or beverages upon receipt and ensure their proper storage, covering, labeling and dating all Potentially Hazardous Foods/Time-Temperature Control for Safety foods stored in the refrigerator or freezer as indicated. Any person(s) including food service workers, cooks and dietary aides are responsible for adhering to all the food safety requirement, always. During an initial tour of the kitchen on 12/11/2025 at 10:08 AM, the walk-in freezer was inspected with the Director of Food Services and the Food Services Supervisor. The lighting in the walk-in freezer was dim and the use of flashlight was required to visualize the contents. The Food Service Supervisor stated they did not realize how dark it was in the walk-in freezer. A moderate amount of food debris was observed on the floor below a storage shelf on the right side of the freezer. The surface of the floor was observed dirty and appeared to have a layer of an iced-over brown substance. A bag of frozen chopped spinach was also observed on the floor, wedged behind the foot of a shelf and the corner of the walk-in freezer. The Director of Food Services was immediately interviewed and stated that they would immediately assign a dietary staff to clean the walk-in freezer. During a follow up kitchen tour on 12/12/2025 at 09:25 AM, the walk-in freezer was inspected in the presence of the Food Services Supervisor. The walk-in freezer remained dimly lit and required the use of a flashlight to visualize the contents stored in the freezer. The floor under the storage shelf, on the right side of the freezer, was still dirty with the layer of an iced-over brown substance. The unknown substance was stuck to the floor and could not be easily removed. The bag of frozen chopped spinach remained wedged behind the foot of the shelf and the corner of the walk-in freezer. During an interview and observation on 12/12/2025 at 09:35 AM, the Director of Food Services stated they had assigned a staff member to clean the floor on 12/11/2025 and thought the area was cleaned that day. The Director of Food Services retrieved a mop and bucket and tried to mop the floor vigorously to remove the dirty surface. The Director of Food Services stated they tried to clean the area with water and a regular cleaning agent but were not able to clean the area; they might need to use hotter water or some other chemical to remove the brown substance. The Director of Food Services stated the walk-in freezer was scheduled to be cleaned weekly. During an interview on 12/12/2025 at 10:09 AM, [NAME] #1 stated they were regularly assigned to handle, store and (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stock food inventory in the refrigerator, freezer and the dry storage room. [NAME] #1 stated they cleaned the walk-in freezer every Mondays and every other weekend when there are no deliveries. [NAME] #1 stated the walk-in freezer was poorly lit, but they did not report the dim lighting to the supervisor. [NAME] #1 stated they last cleaned the walk-in freezer on 12/08/2025 and did not notice any food or dirty substances on the walk-in freezer floor. During an interview on 12/12/2025 at 10:33 AM, [NAME] #2 stated that the Director of Food Services instructed them to mop the walk-in freezer after the surveyor's observation on 12/11/2025. [NAME] #2 stated they swept and mopped the walk-in freezer floor and could not completely clean the floor surface because the debris was stuck to the floor. [NAME] #2 stated they informed the Food Service Supervisor and the Director of Food Services that they did the best they could, and the floor may require a stronger chemical sanitizer and a deep cleaning. During an interview on 12/12/2025 at 11:15 AM, the Director of Food Services stated the walk-in freezer floor should be clean and free of any debris including food. The Director of Food Services stated if staff are not able to perform a thorough cleaning of the walk-in freezer with regular cleaning agent, they should notify their supervisor. The Director of Food Services stated they may have to purchase a non-freezing cleaning agent for cleaning the walk-in freezer. 10 NYCRR 415.14(h)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews during the Recertification Survey initiated on 12/11/2025 and completed on 12/18/2025, the facility did not establish and maintain an infection prevention and control program designed to prevent the development and transmission of communicable diseases and infections. This was identified for one (Resident #110) of three residents reviewed for Transmission Based Precautions. Specifically, Resident #110 was placed on Contact Isolation precautions for Methicillin-Resistant Staphylococcus Aureus (MRSA-a contagious bacterial infection) of the nares(nostril). Certified Nursing Assistant #1 was observed entering Resident #110's room without wearing appropriate Personal Protective Equipment including a gown and gloves. Certified Nursing Assistant #1 did not perform hand hygiene before entering Resident #110's room.The finding is:The facility's policy titled Transmission-Based Precautions, last revised on 09/11/2024, documented the facility will use Transmission-Based Precautions to manage specific, highly transmissible, or epidemiologically important pathogens based on the mode of transmission: contact, droplet and airborne. Contact Precautions will be used when there is evidence of multidrug-resistant organisms or other epidemiologically significant organisms causing clinical symptoms. Residents on Transmission Based Precaution will have isolation signage posted outside the resident's room. A yellow signage for contact precaution is used for residents on contact precautions for Methicillin-Resistant Staphylococcus Aureus (MRSA) that indicates requiring Personal Protective Equipment (PPE) including gloves, surgical mask, gown and goggles/eye shield if splashing is expected.Resident #110 was admitted with the diagnoses of sepsis, pulmonary embolism and atrial fibrillation. The Annual Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, which indicated Resident #110 had intact cognition. The Annual Minimum Data Set assessment documented that Resident #110 had an active diagnosis of asthma, chronic obstructive pulmonary disease or chronic lung disease.A nose culture diagnostic test dated 12/1/2025 documented that Methicillin-Resistant Staphylococcus Aureus (MRSA) on the nose was detected at the hospital before admission to the facility.A follow up nose culture test dated 12/13/2025 documented that Methicillin-Resistant Staphylococcus Aureus (MRSA) continue to be positive on the nose.A Physician Order dated 12/04/2025 documented Strict Single Room Isolation-Contact Precautions for Methicillin-Resistant Staphylococcus Aureus (MRSA) of nares.A Physician Order dated 12/04/2025 documented Mupirocin two (2) percent apply by topical route in both nostrils once daily for seven (7) days.A Comprehensive Care Plan (CCP) titled, Isolation/Contact Precautions: Methicillin-Resistant Staphylococcus Aureus (MRSA) dated 12/04/2025 documented interventions including isolation precautions as per Physician's order, maintain isolation precautions at all times, and administer medications as per physician orders. During the breakfast meal observation on 12/02/2025 at 8:29 AM, a sign posted outside Resident #110's room read Contact Precautions. The sign instructed that everyone must clean their hands before and after entering and when leaving the room. The sign also instructed to use Personal Protective Equipment including wearing a gown and gloves. Certified Nursing Assistant #1 was observed entering Resident #110's room to deliver the breakfast tray to the resident without putting on a gown and gloves. Certified Nursing Assistant #1 did not perform hand hygiene before entering Resident #110's room.During an interview on 12/12/2025 at 8:40 AM, Certified Nursing Assistant #1 stated that they entered Resident #110's room to deliver their breakfast tray. Certified Nursing Assistant #1 stated they were in a hurry and did not see the signage outside Resident #110's room. Certified Nursing Assistant #1 stated they should have followed the sign outside Resident #110's room which included performing hand hygiene and wearing a gown and gloves before entering the room.During an interview on 12/12/2025 at 9:00 AM, Registered Nurse #1, Unit Manager stated that Certified Nursing Assistant #1 should have followed the sign outside Resident #110's room. Registered Nurse #1 stated that anyone entering Resident #110's room should (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	perform hand hygiene before and after leaving the room, wear proper Personal Protective Equipment which included gown and gloves to prevent spread of infection.During an interview on 12/16/2025 at 10:22 AM, the Infection Preventionist stated that everyone must follow the facility's infection prevention policy and procedures. The Infection Preventionist stated that Certified Nursing Assistant #1 should have read the sign outside Resident #110's room, followed the instructions about wearing proper Personal Protective Equipment, and performed hand hygiene before and after leaving Resident #110's room. The Infection Preventionist stated that staff were provided education annually and as needed regarding infection control prevention.During an interview on 12/17/2025 at 8:42 AM, the Director of Nursing Services stated that they expect all staff to follow the facility's policy on infection control and prevention. The Director of Nursing Services stated that the signage outside the resident's door is a guidance for the staff to follow the process in preventing further spread of infection in the facility.10 NYCRR 415.19 (a) (1-3)