STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335719	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Quantum Rehabilitation and Nursing L L C	63 Oakcrest Avenue Middle Island, NY 11953

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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, the facility did not follow proper sanitation practices to prevent 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 walk-in refrigerator was observed with multiple opened items with no opened date; there were expired milk containers and expired half and half containers; and a milk container soiled with a jellylike substance. A refrigerator containing deli cheeses, had an opened and used block of Swiss cheese that was not dated with the date it was opened. Additionally, the emergency food storage contained several cases of expired pureed carrots and pureed green beans.The findings are: The facility's policy titled food storage, dated 03/11/2025 and last reviewed 02/08/2026, documented the facility will provide safe and sanitary storage, handling and distribution, and consumption of all foods in accordance with professional standards for food safety. Perishable and non-perishable food items will be stored and discarded as per the manufacturer's recommendations. All foods should be covered, labeled, and dated. All foods will be checked to ensure that foods will be consumed by their safe use by date or discarded. The facility's policy titled Emergency Food and Water last reviewed on 03/2025, documented emergency food and water supplies shall be inventoried monthly and expiration dates shall be reviewed quarterly. During an observation of the kitchen with the Dietary Supervisor on 02/08/2026 at 09:55 AM, a walk-in refrigerator had a metal shelf unit with an open jar of mayonnaise and an opened jar of salad dressing. The two jars were not dated with the dates they were opened. A wire rack shelving unit with milk products had an opened container of half and half with a best if used by date of 01/31/2026, an opened container of whole milk with a best if used by date of 02/07/2026, and a container of whole milk that was covered in a sticky, jellylike substance. A refrigerator containing deli cheeses, had an opened and used block of Swiss cheese that was not dated with the date it was opened. During an interview on 02/08/2026 at 10:02 AM, Dietary Supervisor #1 stated the milk and the half and half containers should have been discarded by the best if used by dates. Dietary Supervisor #1 stated staff are expected to date each item when they are opened. They further stated they should have verified that the items in the refrigerator were not expired and were labeled correctly. The Dietary Supervisor #1 stated the sticky substance on the milk container was probably jelly or a berry filling that probably dripped on the milk container. During an observation of the emergency food storage with the Food Service Director on 02/08/2026 at 01:17 PM, several cases of expired pureed carrots dated with an expiration date of 01/2025 and 03/2025, and pureed green beans with an expiration date of 01/2024 were observed. During an interview on 02/08/2026 at 02:22 PM, the Director of Food Services stated the expired pureed carrots, and pureed green beans should have been removed from the emergency food storage area and discarded. The Director of Food Services stated they personally check the emergency food storage every six months and should have removed the expired items. The Director of Food Services stated the Dietary Supervisor #1 is expected to check the refrigerators for expired products and should have checked that all opened items had an open date. The Director of Food Services stated Dietary Supervisor #1 was responsible for labeling the food items and keeping the refrigerators clean and organized. 10 NYCRR 415.14(h)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews and record review, the facility did not ensure that each resident was treated with respect and dignity and care in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. This was identified for one (1) (Resident #78) of one (1) resident reviewed for Elopement risk. Specifically, on 01/30/2026, Resident #78 visited the facility bakery for the first time. The facility staff inaccurately assessed Resident #78 to be at high risk for elopement based on the visit to the bakery. A wanderguard bracelet (a device that triggers alarms and can lock monitored doors to prevent the residents from leaving unattended) was erroneously placed on Resident #78. The finding is:The facility's policy titled Elopement, Identifying Resident at Risk for Wandering/Elopement, dated 01/12/2026 documented to identify residents with elopement risk and wandering while encouraging a restraint free environment. An elopement risk assessment will be completed for each resident upon admission, readmission, significant change and episodic occurrences. The interdisciplinary care plan will review the resident's behavior and develop strategies to address the risk factors and the actual behaviors related to wandering, identify triggers, precipitating factors, and ensure that the interventions are included in the resident's care plan.Resident #78 was admitted to the facility with diagnoses that included dementia and Alzheimer's disease. The Minimum Date Set (MDS) assessment dated [DATE] documented a Brief Interview for Mental Status score of 10, indicating the resident had moderately impaired cognitive function. The Minimum Date Set assessment documented Resident# 78 did not have wandering behaviors. The Resident was ambulatory and required Partial/moderate assistance with Activities of Daily Living.A review of the medical record lacked documented evidence that an elopement risk assessment was completed for Resident #78 upon admission to the facility. During an observation on 02/08/2026 at 10:32 AM, Resident #78 was observed in an elevator. A wander guard alarm was sounding in the elevator. Resident #78 was in their wheelchair and stated- I don't know why I am wearing this bracelet on my legs - I am not trying to leave here. Where would I go? Is it because I am -- years old. It is not right. During an observation on 02/10/2026 at 9:55 AM, Resident #78 was observed in their bed. Resident #78 got up and walked and stated - I don't know why they put the bracelet on me. I never said that I ever wanted to leave the building. I am -- years old, I can walk, and I am aware I am here for therapy and care.The progress notes dated 01/30/2026 at 04:17 PM, written by Licensed Practical Nurse # 2, documented Resident #78 exited the unit and went to the [facility] bakery. Staff accompanied the resident back to the unit. wanderguard bracelet was placed on the resident's left lower extremity. Resident #78 was pleasant and cooperative. The Wanderguard Risk Assessment form dated 01/30/2026 documented to give one (1) point for each answer of Yes. A score of 0-5 would indicate a low risk for elopement/ wandering, and a score above five (5) would be considered high risk for elopement/wandering. The Wanderguard Risk Assessment form was completed by Registered Nurse #2.The surveyor reviewed the Wanderguard Risk Assessment form with Licensed Practical Nurse #2 who stated that the Wanderguard Risk Assessment form inaccurately documented that Resident #78 had a history of wandering behavior within the last six (6) months, was observed moving within the facility with no rational purpose, oblivious to needs/safety within the last six (6) months, attempted to leave unescorted, had exit seeking behaviors with or without rational purpose within last six (6) months, verbalized plans to leave facility with or without authorization (MD order), or repeatedly looked for exit doors or asked others where they were. Licensed Practical Nurse #2 stated that on the Wanderguard Risk Assessment form, Resident #78 was evaluated to have a score of 8 indicating the resident was at high risk for elopement/wandering and was provided with a wander guard bracelet based on the inaccurate evaluation. Licensed Practical Nurse #2 stated the resident did not have wandering or exit (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	seeking behaviors and the risk assessment score should have been a three (3), low risk for elopement/wandering.The comprehensive care plan for wandering behavior dated 01/30/2026 documented Resident #78 was at risk for elopement from unit/facility. A Wander-guard was applied to the left lower extremity.During an interview on 2/12/2026 at 10:21 AM, Registered Nurse Supervisor #2 stated they would not place a wanderguard bracelet on a resident who just goes to the bakery. A resident would not be at risk of elopement if they were just going to the bakery. Resident #78 went to the bakery on 01/30/2026; Registered Nurse #2 was concerned about the resident leaving the building and felt that the placement of the wanderguard bracelet was appropriate. During an interview on 2/12/2026 at 10:45 AM, the Assistant Director of Nursing Services stated that it was not appropriate to place a wander guard for a resident that just wanted to go to the bakery. Resident #78 did not have exit seeking behaviors and the assessment completed by Registered Nurse # 2 on 01/30/2026 was not correct. During an interview on 2/12/2026- at 11:00 AM, the Director of Nursing Services stated the Wanderguard Risk assessment form dated 01/30/2026 for Resident #78 was inaccurate. The Registered Nurse Supervisor #2 should have considered resident's history and spoken to Resident #78 to determine the resident's choices. The assessment score should have been three (3), which would have placed the resident at low risk, and the resident would not have required a wander guard. Director of Nursing Services stated that having a wandergaurd bracelet on Resident #78 potentially affecting the resident's ability to move within the building including going to the bakery.10 NYCRR 415.3(d)(1)(i)