

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 04/30/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335723	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/25/2025
NAME OF PROVIDER OR SUPPLIER East Haven Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2323 Eastchester Road Bronx, NY 10469	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review, and interview during the Recertification and Complaint (NY00354174) Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure the residents' right to a safe, clean and comfortable environment was maintained. This was evident in 1 (Unit 1) of 4 units. Specifically, room [ROOM NUMBER]P was observed with chipped wall surfaces, partially detached top dresser, stained ceiling, and peeling non-slip tape on the bathtub. The findings are: The facility's policy titled Homelike Environment with a reviewed date of 06/10/2024 documented residents are provided with a safe, clean, comfortable, and homelike environment. The facility's policy titled Maintenance with a reviewed date of 04/12/2024 documented Maintenance Department shall ensure that the facility is functional, comfortable, and hazard free. Resident #164 was admitted to the facility with diagnoses of Diabetes Mellitus, Hypertension, Hyperlipidemia. The Minimum Data Set, dated dated dated [DATE] documented Resident #164 had intact cognition. During observation on 02/19/2025 at 12:36 PM and on 02/21/2025 at 10:02 AM, Resident #164 stated they are extremely dissatisfied about the condition of their room. room [ROOM NUMBER]P was observed with multiple chipped/broken wall surfaces, partially detached top dresser next to the bed, brown stained tile lowered from the ceiling above the bathtub, and peeling non-slip tape in the bathtub. The Maintenance Issue Log for Unit 1 dated 07/09/2024 to 02/19/2025 documented issues pertaining to the television in room [ROOM NUMBER]P. There was no documentation of any other maintenance work requested for room [ROOM NUMBER]P. On 02/24/2025 at 10:27 AM, the Maintenance Director was interviewed and stated they are aware that the walls behind the headboard are often getting damaged because the bed was hitting against the wall. but was not aware of the chipped wall, broken dresser, stained ceiling tile, and peeling tape in the bathtub in room [ROOM NUMBER]P. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/25/2025 at 12:29 PM, the Administrator was interviewed and stated they were recently made aware of the problems in room [ROOM NUMBER]P and stated the issues are being addressed. 10 NYCRR 415.5(h)(2)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 45351 Based on observation, record review, and interviews during the Recertification and Complaint (NY00354174) Survey conducted from 02/18/2025 to 02/25/2025, the facility did not provide food and drink that were palatable and at a safe and appetizing temperature. This was evident in 1 (Unit 4) of 1 unit observed during dining. Specifically, food served during lunch had suboptimal temperatures and were not appetizing or palatable. The findings include but are not limited to: The undated facility policy titled Food Temperatures documented the facility maintains system to ensure that food served to the residents is held at safe holding temperatures. Hot foods should be maintained at 140 degrees Fahrenheit or above and cold foods should be at 41 degrees Fahrenheit or below. On 02/18/2025 at 12:24 PM, during dining observation, Resident #96's next of kin was observed waiting by the meal truck for Resident #96's meal tray. They stated they visit daily to get the Resident's meal tray and deliver it to the Resident because the food becomes cold if they wait for the staff to deliver it. During an interview on 02/18/2025 at 10:56 AM, Resident #79 stated the items served for meal are not palatable and not appetizing. During an interview on 2/19/2025 at 10:17 AM, Resident #100 stated food is served cold most of the time. During dining observation on 02/20/2025 from 12:28 PM to 12:50 PM, food trucks were delivered to Unit 4 and the staff delivered the lunch trays to residents in the dining and resident's room. At 12:50 PM, test trays were conducted on Unit 4 and the food temperature were as follows: 1. Puree diet meal consisted of pureed beef at 101 degrees Fahrenheit, pureed cabbage 98 degrees Fahrenheit, mashed potato 115 degrees Fahrenheit, pureed soup 119 degrees Fahrenheit and coffee 128 degrees Fahrenheit 2. Chopped diet meal consisted of chopped chicken at 90 degrees Fahrenheit, mashed potato 98 degrees Fahrenheit, chopped peas and carrot 95 degrees Fahrenheit, soup 118 degrees Fahrenheit, and apple sauce 58 degrees Fahrenheit 3. Regular diet meal consisted of cabbage, peas and carrots at 104 degrees Fahrenheit, stewed chicken at 118 degrees Fahrenheit, white rice at 101 degrees Fahrenheit, soup at 130 degrees Fahrenheit, and canned fruit at 60 degrees Fahrenheit. (continued on next page)		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/20/2025 at 12:50 PM, the Food Service Director was interviewed and stated food should be measured above 150 degrees Fahrenheit during kitchen assembly line and should be served to residents at 135 degrees Fahrenheit or above for hot foods. The Food Service Director stated they are having food supply issue that was why listed menu items are being replaced. They stated today's regular diet meal consists of stew chicken, cabbage mixed with carrot, peas, and white rice and that the stewed chicken appeared tough and dry because the kitchen staff did not pour the sauce over the chicken. On 02/20/2025, the Director for Dietary Services was interviewed right after taking the test tray temperature. They stated the appropriate and optimum food temperature for hot food should be at 135 degrees Fahrenheit and cold food should be below 41 degrees Fahrenheit. They stated that the elevators are extremely cold in the winter and that could be a reason why the food arrives cold. On 02/25/2025 at 12:29 PM, the Administrator was interviewed and stated they were not aware of any food related complaints. 10 NYCRR 415.14(d)(1)(2) 48876		