STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335723	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Haven Nursing & Rehabilitation Center	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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, record review, and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure that resident or resident representatives receive their personal funds account statements on a quarterly basis. This was evident in 2 (Resident #79 and Resident #37) of 3 residents reviewed for Personal Funds out of 38 total sampled residents. The findings are: The undated facility policy titled Resident Accounts documented that the facility will assure proper handling of residents' funds and enable each resident to benefit from their funds in a manner which is in their best interest. Upon written authorization from the resident, the facility will hold, safeguard, manage, and account for personal funds of the residents. Residents will be provided with itemized quarterly financial statements by Social Service. 1. Resident #79 was admitted to the facility with diagnoses including Diabetes Mellitus, Hyperlipidemia, Hypertension. The Minimum Data Set, dated dated dated [DATE] documented Resident #79 had intact cognition. On 02/19/2025 at 12:19 PM, Resident #79 stated they have not seen their account balance in a long time and would like to know their balance. The Resident stated the facility will only provide the statement with the balance when requested and not consistently provided every quarter. The Resident Funds Ledgers dated 01/01/2023 to 03/31/2024 and 04/01/2024 to 06/30/2024 documented that Resident #79 was given 1st and 2nd quarter statements on 7/25/2024. It did not contain Resident #79's signature. The Resident Funds Ledgers dated for 07/01/2024 to 09/30/2024 and for 10/01/2024 to 12/31/2024 documented that Resident #79 signed for 3rd quarter statement and for 4th quarter statement. There was no documented date to indicate when Resident #79 received these statements. (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 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 02/24/2025 at 9:53 AM, Social Worker #2 was interviewed and stated the Business Office sends the printed statements to the Social Work Department every quarter. These quarterly statements are distributed to residents who are able, and for those who are not capable, will be given to their representatives. The Social Worker stated they are not sure if they provided statements to residents after every quarter and was not able to explain orverify if Resident #79 was provided the statements every quarter. Social Worker stated they were not aware that Resident #79 had any concerns about their financial statement. On 02/24/2025 at 10:05 AM, the Director of Social Services was interviewed and stated resident's financial statements are provided to residents/representatives at every quarter. The residents who are capable to receive their statement will sign for their statements. The Director stated they do not know why resident's signatures were not always obtained when statements were provided to the residents and stated there are some residents who refuse to sign but are still given their statements. They stated if a resident refused to sign when they receive their statements, it will be documented as such. The Director of Social Services stated they had a delay in distributing statements last year and that the 1st and 2nd quarter statements were distributed together. 50894 Resident #37 was admitted to the facility with diagnoses including Chronic Respiratory Disorder and Cerebellar Stroke Syndrome. The Quarterly Minimum Data Set assessment dated [DATE] documented that Resident #37 had moderate cognitive impairment. On 02/18/2025 at 09:42 AM, Resident #37 was interviewed and stated they did not consistently receive banking statements from the facility. The Resident Funds Ledgers dated 01/01/2023 to 03/31/2024 and 04/01/2024 to 06/30/2024 documented that Resident #79 was given 1st and 2nd quarter statements on 07/25/2024. The Resident Funds Ledgers dated 07/01/2024 to 09/30/2024 and 10/01/2024 to 12/31/2024 revealed Resident #37 signed for 3rd and 4th quarter statements. There was no documented date to indicate when Resident #37 received these statements. On 02/24/2025 at 11:46 AM, Social Worker #1 was interviewed and stated it is the responsibility of the Director of Social Services to provide residents with their quarterly statements. Social Worker #1 stated they only distribute quarterly statements if the Director of Social Services is on vacation. Social Worker #1 was unable to provide an explanation for why Resident #37 did not consistently receive quarterly banking statements. 10 NYCRR 415.26(h)(5)(i)

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure residents have reasonable access to and privacy in their use of communication methods. 50894 Based on observation, record review, and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure that residents had the right to send and promptly receive mail. This was evident in 9 (Residents: #12, #13, #17, #80, #103, #105, #112, #151, #154) out of 39 total sampled residents. Specifically, the facility did not have a procedure in place for residents to send and receive mail on Saturday. The findings are: The facility policy titled Mail/Package Delivery with a last reviewed date of 06/10/2024 documented that it is the policy of the facility to ensure that each resident's rights to personal privacy is respected, including the right to send and promptly receive unopened mail and other letters, packages, and other materials delivered to the facility for the resident. Promptly means delivery of mail or other materials to the resident within 24 hours of delivery by the postal service. On 02/19/2025 at 10:30 AM during the Resident Council Meeting, Residents #12, #13, #17, #80, #103, #105, #112, #151, and #154 stated the facility does not deliver mail to residents on Saturday. They stated this was because the social workers who deliver mail during the week does not work on the weekend. On 02/21/2025 at 2:22 PM, Social Worker #2 was interviewed and stated that mails delivered to the facility on Saturdays are not distributed to the residents until the following Monday. Social Worker #2 stated this delay occurs because mail is delivered to residents by Social Worker #1, Social Worker #2, and the Director of Social Services, and none of them work on the weekend. On 02/21/2025 at 2:33 PM, the Receptionist was interviewed and stated they work every other Saturday. They stated if if a resident receives mail on Saturday, it is left in the Business Office until Monday, when the social workers will then deliver it to residents. On 02/24/2025 at 9:57 AM, the Director of Social Services was interviewed and stated that mails delivered to the facility on the weekend is held until Monday, when it will then be delivered to residents. On 02/25/2025 at 11:50 AM, the Administrator was interviewed and was unable to provide an explanation for why residents had not been receiving mails within 24 hours of its delivery to the facility on the weekends. 10 NYCRR 415.3(e)(2)(i)

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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. **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. 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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48876 Based on observation, record review, and interviews during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure that posted menu items were served, that notification was provided when menu items were substituted and that individual food preferences were honored. This was evident in 3 Residents (Resident #96, #129 and #79) of 6 residents observed during dining, out of 35 total sampled residents. Specifically, residents were not served posted menu items, food preferences, or food items that were listed on the meal tray tickets. Additionally, residents were not notified of menu substitutions. The findings are: The undated facility policy titled Menu Planning documented that menus are planned to meet the guidelines as established by current federal and state regulations. Menus are written at least 2 weeks in advance and are distributed to residents and posted in the resident's dining rooms at least three days before service. The individual preferences are considered in meal planning. Appropriate food items are prepared at each of the three daily meals to allow for choices and to accommodate individual preferences. Alternate food items must be prepared to substitute for food residents' dislike. The undated facility policy titled Food Preferences documented that a meal identification ticket will be used to properly identify everyone's needs including food and beverage preferences. Meal tickets will include any therapeutic diet, consistency, preferences and requests. Meal tickets are to be served with the corresponding meal. Meal tickets will be used during meal service to ensure the appropriate diet is being served and food preferences are honored as feasible. The undated facility policy titled Menu Substitution documented that menu substitutions are noted in writing on the posted weekly and daily menus, the reason for the change also must be noted. When making a substitution, consideration is given to residents' likes and dislikes. A menu substitution must be made from the same food group as the removed item. If the item removed is a raw fruit or vegetable, another raw fruit or vegetable should replace the item. This will help ensure adequate intake of vitamins and fiber. 1). Resident #129 was admitted to the facility with diagnoses that include Diabetes Mellitus and Hyperlipidemia. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #129 had intact cognition. On 02/18/2025 at 10:35 AM, Resident #129 was interviewed and stated that the food they receive is not good for them, sometimes they go days without eating and despite speaking with the dietician, nothing changes. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During dining observation on 02/18/2025 at 12:35 PM, a meal tray was delivered to Resident #129. The meal ticket documented No Fish, No Pasta, No Meat and send 2x salad with dressing. The meal ticket listed tossed salad 2 cups with dressing and 1 slice of wheat bread as items that were served. No salad and no wheat bread were observed on the meal tray. During dining observation on 02/19/2025 at 9:00 AM, a meal tray was delivered to Resident #129. The meal ticket documented Cold Cereal Only Double Entree, Scrambled Eggs Only. The resident's tray was observed with 1 cup of Hot Oatmeal Cereal. There was no cold cereal observed on the meal tray. During dining observation on 02/21/2025 at 1:03 PM, a meal tray was delivered to Resident #129. The meal ticket documented No Fish, No Pasta, No Meat and send 2x salad with dressing. The meal ticket listed tossed salad 2 cups with dressing and (1) 6 ounce serving of juice as items that were served. There was no salad, and no juice observed on the meal tray. During dining observation on 02/25/2025 at 12:30 PM, a meal tray was delivered to Resident #129. The meal ticket documented No Fish, No Pasta, No Meat and send 2x salad with dressing. The meal ticket listed items served as 2-piece chicken patty, tossed salad 2 cups with dressing and wheat Bread 1 slice. No salad and no bread were observed on the meal tray. Two (2) brown colored meat items were observed on the tray. An undated facility document titled Food Preferences for Resident #129, documented likes: cold cereal, scrambled eggs, cream cheese, salad, ice cream and bread. Dislikes: Fish, buttered noodles. A dietary progress note dated 02/14/2025, documented that Resident #129 had intake that varied and that they complained about the food, food preferences was updated. 2). Resident #96 was admitted to the facility with diagnoses that include Heart Failure and Dementia. The Significant Change Data Set assessment dated [DATE] documented Resident #96 had moderate cognitive impairment. During dining observation on 02/18/2025 at 12:24 PM, a meal tray was delivered to Resident #96. The meal ticket listed items served as rice and beans and chopped zucchini. The menu items posted on Unit 4 to be served on Tuesday, 02/18/2025 were Italian vegetable mix and brown rice. There was no brown rice observed on the meal tray. The vegetable items served were peas and carrots. The meal ticket did not match the items served or the posted menu. There was no menu substitutions posted on Unit 4. During dining observation on 02/19/2025 at 9:30AM, Resident #96 was observed with a meal tray that contained 1 bowl of Hot Oatmeal Cereal. The meal ticket did not list Oatmeal as an item served. During dining observation on 02/21/2025 at 12:30 PM, Resident #96's meal tray was observed containing boiled cabbage. The Resident's meal ticket documented vegetable items served as fresh yams and oriental mixed vegetable. The menu items posted on Unit 4 to be served on Friday, 02/21/2025 were fresh yams and oriental mixed vegetables. There was no menu substitutions posted in Unit 4. Resident #96 tray was not observed to contain fresh Yams or oriental mixed vegetables. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/24/2025 at 2:34 PM, the Dietician was interviewed and stated they meet with residents at admission or readmission to ask about their food preferences. The food preferences are entered into meal tracker along with other specific requests and those appear on the meal ticket. The Dietician stated they perform daily rounds but they do not look at the meal ticket. They stated the Certified Nursing Assistants, nursing supervisors, and the kitchen staff are responsible for the accuracy of every meal. On 02/25/2025 at 12:35 PM, Certified Nursing Assistant #2 was interviewed and stated the menu is not always correct and the changes are not always posted. Certified Nursing Assistant #2 stated they inform the nursing supervisor when menu items or tray tickets do not match the food. Certified Nursing Assistant #2 further stated a lot of times Resident #129 does not receive their salad. On 02/25/2025 at 12:45 PM, Registered Nurse #4, who was the nursing supervisor, was interviewed and stated they were en route to the kitchen to retrieve salad and bread that did not arrive on Resident #129's meal tray. Registered Nurse #4 also that Certified Nursing Assistants inform them when the residents do not receive the food items in their meal ticket and the kitchen is called. On 02/20/25 at 12:50 PM, The Director for Dietary Services was interviewed and stated when meal tickets do not match the food items served or menus, it is because the menu is being revamped based on preferences. They stated preferences are placed on the menu, but the food items have not been delivered to the facility yet. The Director stated it may be an ordering or supply issue. They stated that the meal ticket is read in the kitchen and the supervisor ensures it matches the menu and the food items served. The Director for Dietary Services stated they make rounds every other day and sends dietary staff to the units to check if residents are getting food items in their meal ticket according to the menu, but there are still issues with matching items. 45351 Resident #79 was admitted to the facility with diagnoses that include Diabetes Mellitus, Hyperlipidemia, and Hypertension. The Minimum Data Set assessment dated [DATE] documented Resident #79 had intact cognition. During dining observation on 02/18/2025 at 12:48 PM, Resident #79's lunch tray was observed with turkey wings, cabbage, rice and beans, chicken noodle soup, banana and cup of tea with sugar. The Weekly Menu was posted on the wall next to the nursing station which documented Lunch Menu for 2/18/2025 were chicken noodle soup, turkey wings, Italian vegetable mix, brown rice, fresh fruit and coffee/tea. There were no Italian vegetable mix, or brown rice observed on the tray for Resident #79. Resident #79 stated they were not notified of the menu change. During dining observation on 02/20/2025 at 12:38 PM, Resident #79's lunch tray was observed consisting of chicken legs without any sauce/gravy, cabbage mixed with peas, carrots and white rice. The Weekly Menu documented Lunch Menu for 02/20/2025 were stewed chicken, steamed rice, and zucchini. There was no zucchini observed on Resident #79's plate. Resident #79 stated they were not notified of the menu change. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/21/2025 at 12:34 PM, Resident #79's lunch tray was observed with breaded fish, yam and mix vegetables. The Weekly Menu documented Lunch Menu for 02/21/2025 were tilapia with dill sauce, fresh yams, and oriental vegetable. There was no dill sauce or any type of sauce for the breaded fish. Resident #79 stated they were not notified of the menu change. On 02/20/2025 at 12:50 PM, the Food Service Director stated they are currently undergoing some food shortage and ordering issue and are not able to prepare the proposed menu items. They stated they were posting menu changes daily on the units next to the weekly menu. On 02/25/2025 at 12:29 PM, the Administrator was interviewed and stated they have not heard of any food related complaints or that there was any food ordering/supply issue until recently. The Administrator stated they do not know why there was any food shortage and supply issue since they order everything from the food vendor. 10 NYCRR 415.14(c)(1-3)

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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

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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. 43350 Based on observation, record review, and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure food service equipment are properly cleaned and sanitized. This was evident during the Kitchen Task. The findings are: The undated facility policy titled General Food Preparation and Handling documented that all food service equipment should be cleaned, sanitized, dried and reassembled after each use. The undated facility policy titled Cleaning and Sanitizing of Meat Slicer documented that all removeable parts of the slicer should be put into the pot wash sink and washed, and all stationary parts should be scrubbed with a cellulose pad moistened with detergent, rinsed with water and sanitized. The instruction manual for the Globe Model 3600N Slicer documented that the entire slicer must be both cleaned and sanitized after use to prevent the spread of foodborne illness. The removeable parts should be placed in a dishwasher or a three-compartment sink with warm water and mild detergent, soaked and thoroughly scrubbed, then rinsed with fresh clean water. The other parts of the slicer as well as the slicer table should be cleaned with a clean cloth soaked in mild detergent, wiped down and rinsed. On 02/21/2025 at 1:03 PM, Dietary Aide #1 was observed cleaning the meat slicer. The Dietary Aide disconnected the removable parts of the slicer and sprayed the parts with sanitizer and used a disposable towel to wipe down the slicer. The aide also used the spray sanitizer to clean the blade and the rest of the slicer. The Dietary Aide did not use soap or detergent throughout the procedure. Following the procedure, the Dietary Aide was interviewed and stated they never use water on the slicer because it is electric, and water should not be used on anything electric. On 02/24/2025 at 3:11 PM, the Director for Dietary Services was interviewed and stated that all dietary personnel are instructed to use soap and water on the slicer; the only time they may not do so is when the slicer is actually plugged in. The procedure is to run the removeable parts through the dishwasher. 10 NYCRR 415.14 (h)

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	335723	A. Building B. Wing	02/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Haven Nursing & Rehabilitation Center	2323 Eastchester Road Bronx, NY 10469

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F 0847 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Inform resident or representatives choice to enter into binding arbitration agreement and right to refuse. 44843 Based on record review and interview during the Recertification Survey from 02/18/2025 to 02/25/2025, the facility did not ensure the Binding Arbitration Agreement granted the residents and/or their designated representatives the right to rescind the agreement within 30 calendar days of signing it. This was evident in 3 (Resident #77, #109, #163) of 38 total sampled residents. Specifically, the Binding Arbitration Agreement signed by Residents #77, #109, and #163 did not grant the residents and/or their designated representatives 30 calendar days to rescind the agreement. The findings are: The facility policy titled Arbitration Agreements with effective date of 10/17/2024 and a last reviewed date of 10/18/2024 documented the arbitration agreement shall explicitly grant resident or his/her representative the right to rescind the agreement within 30 calendar days of signing it. The Schedule 22 of Binding Arbitration Agreement in the admission package was reviewed. The Binding Arbitration Agreement did not document residents and/or their designated representatives had the right to rescind the agreement within 30 calendar days of signing it. The signed Binding Arbitration Agreements for Resident #77, Resident #109, and Resident #163 were reviewed. There was no documented evidence in the agreement that the residents and/or their designated representatives were provided 30 calendar days to rescind the agreements. On 02/25/2025 at 10:10 AM, the Director of Admissions was interviewed and stated they were responsible to explain the admission package including the attachment of Schedule 22 about Binding Arbitration Agreement to the residents and/or their designated representatives upon their admission to the facility.They stated the residents and/or their representatives signed the Arbitration Agreement separately from other parts of admission package. Director of Admissions stated they verbally informed the residents and/or their representatives that they had 30 calendar days to rescind the agreements. Director of Admissions also stated it was not documented in the Binding Arbitration Agreement that residents and/or their designated representative had 30 calendar days to rescind the agreements. On 02/25/2025 at 10:35 AM, the Administrator was interviewed and stated they knew the Binding Arbitration Agreement the facility is using is non-compliant and that they are in the process of revising the agreement. The Administrator further stated the residents' right to rescind the Arbitration Agreement within thirty (30) calendar days of signing was not in the current arbitration agreement and it will be incorporated into the revised Arbitration Agreement. The Administrator stated the facility would keep on using the current Binding Arbitration Agreement until the revised one was ready. 10 NYCRR 415.30

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide a neutral and fair arbitration process and agree to arbitrator and venue. 44843 Based on record review and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure the Binding Arbitration Agreement provides for the selection of a neutral arbitrator agreed upon by both parties and the agreement provides for the selection of a venue that is convenient to both parties. This was evident in 3 (Resident #77, #109, #163) of 38 total sampled residents. Specifically, the Binding Arbitration Agreement signed by Residents #77, #109, and #163 had no documented evidence the agreement addresses the selection of a neutral arbitrator agreed upon by both parties and the selection of a venue that is convenient to both parties. The findings are: The facility policy titled Arbitration Agreements with effective date 10/17/2024 and last review date 10/18/2024 documented the agreement shall specifically provide for the selection of a neutral arbitrator agreed upon by both parties. It also documented the agreement shall specifically provide for the selection of a venue that is agreed upon and convenient to both parties. The Schedule 22 of Binding Arbitration Agreement in the admission package was reviewed. The Binding Arbitration Agreement documented all arbitrations shall take place at a mutually agreed upon location in New York County, New York, unless the parties agree otherwise. The Binding Arbitration Agreement also documented the parties agree to appoint a panel of three (3) arbitrators. The Parties will each select a single arbitrator, and these two (2) arbitrators will select a third arbitrator. Scheduled 22 Binding Arbitration Agreement signed by Residents # 109, # 77, and # 163 were reviewed. The Binding Arbitration Agreement documented all arbitrations shall take place at a mutually agreed upon location in New York County, New York, unless the parties agree otherwise. The Binding Arbitration Agreement also documented the parties agree to appoint a panel of three (3) arbitrators. The Parties will each select a single arbitrator, and these two (2) arbitrators will select a third arbitrator. On 02/25/2025 at 10:10 AM, Director of Admissions was interviewed and stated they were responsible to explain the admission package including the attachment of Schedule 22 about Binding Arbitration Agreement to the residents and/or their designated representatives upon their admission to the facility. Director of Admissions also stated the residents and/or their representatives signed the Arbitration Agreement separately from other parts of admission package. Director of Admissions stated they explained to the residents and/or their designated representatives that all arbitrations shall take place in New York County of New York State if both parties were unable to agree on a convenient venue. Director of Admissions also stated it meant the arbitration will be in New York County of New York State if the facility disagree a venue proposed by the residents and/or their representatives. Director of Admissions stated the Binding Arbitration Agreement documented resident and the facility will each select a single arbitrator, and these two arbitrators will select a third arbitrator. Director of Admissions had no explanation how the arbitrator selected by the facility will remain neutral in the arbitration process. (continued on next page)

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F 0848 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 02/25/2025 at 10:35 AM, the Administrator was interviewed and stated the Binding Arbitration Agreement the facility is using is non-compliant and that they are in th eprocess of revising the agreement. The opportunity to select a neutral arbitrator and a convenient venue will be included in the revised Binding Arbitration Agreement. The Administrator stated the facility would keep on using the current Binding Arbitration Agreement until the revised one was ready. 10 NYCRR 415.30

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F 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 50894 Based on record review and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not ensure that the Infection Preventionist was a member of the facility's Quality Assessment and Assurance committee and reported to the committee on the Infection Prevention and Control Program on a regular basis. Specifically, the Infection Preventionist had not participated in any of the Quality Assurance & Performance Improvement meetings held between 02/20/2024 and 01/28/2025. The findings are: The 2024 Quality Assurance and Performance Improvement Plan effective December 2024 documented that the Quality Assurance and Performance Improvement Committee reports to the executive leadership and Governing Body and shall meet, minimally, four times per year to identify, screen, evaluate and key facility functions. It documents that the Quality Assurance and Performance Improvement Committee's members included the Infection Prevention and Control Officer. The document titled Quality Assurance and Performance Improvement dated 02/18/2025 did not list the Infection Preventionist as a member of the committee. A review of the Quality Assurance and Performance Improvement attendance sheets revealed that the Infection Preventionist did not sign the attendance sheets for the following meetings: 02/24/2024, 05/07/2024, 06/18/2024, 07/10/2024, 09/20/2024, 10/22/2024, 11/26/2024, and 01/28/2025. There was no documented evidence that the Infection Preventionist attended the Quality Assurance & Performance Improvement meetings. Multiple attempts were made on 02/24/2025 and 02/25/2025 to reach the Infection Preventionist for interview was unsuccessful. On 02/25/2025 at 11:05 AM, the Director of Nursing Services was interviewed and stated that the Infection Preventionist did not attend Quality Assurance and Performance Improvement meetings. The Director of Nursing stated that the Infection Preventionist was employed at the facility on a part time basis and is not scheduled to work on the days that meetings are held. On 02/25/2025 at 11:45 AM, the Administrator was interviewed and stated that the Infection Preventionist did not attend Quality Assurance and Performance Improvement meetings but should have been attending them. 10 NYCRR 483.80(c)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50894 Based on observation, record review, and interview during the Recertification Survey conducted from 02/18/2025 to 02/25/2025, the facility did not maintain an effective pest control program so that the facility is free of pests and rodents. This was evident in 4 of 4 resident units. Specifically, multiple residents reported cockroach and rodent sightings. In addition, the facility's pest control service record documented pest sightings in 4 resident units. The findings include but are not limited to: The facility policy titled Pest Control with a last reviewed date 08/14/2024 documented it is the policy of the facility to maintain a pest free environment as best as possible. A review of Service Tickets documented that the pest management company provided pest management services to the facility on [DATE], 01/07/2025, 01/14/2025-01/15/2025, 01/28/2025-01/29/2025, 02/04/2025-02/05/2025, 02/11/2025, and 02/20/2025. The Service Tickets documented services provided included installing rodent bait stations and gel bait for cockroaches. On 02/20/2025 at 10:52 AM, multiple cockroaches were observed in the hallway on Unit 2, including one that entered room [ROOM NUMBER]. Registered Nurse #1 was notified of the observance and responded to the area, locating and stepping on one of the cockroaches. A review of Unit 1's Pest Control Service Record indicated that the following pest sightings were reported on Unit 1: mice and cockroaches on 11/4/2024, cockroaches on 11/7/2024, cockroaches on 01/02/2025, and pests in the pantry on 01/02/2025. A review of Unit 2's Pest Control Service Record indicated that the following pest sightings were reported on Unit 2: a rat on 08/03/2024, cockroaches on 01/14/2025, cockroaches on 02/03/2025, cockroaches and mice on 02/04/2025, and cockroaches on 02/20/2024. A review of the Unit 3 Pest Control Service Record indicated that the following pest sightings were reported on Unit 3: cockroaches on 06/23/2024, mice on 08/17/2024, mice on 09/05/2024, and mice on 01/27/2025. A review of the Unit 4 Pest Control Service Record indicated that the following pest sightings were reported on Unit 4: a rat on 04/19/2024, mice on 01/13/2025, mice on 01/14/2025, mice on 01/15/2025, cockroaches on 02/13/2025. On 02/21/2025 at 2:00 PM, Resident #172 was interviewed and stated they have observed cockroaches in their room typically at night. On 02/21/2025 at 2:11 PM, Resident #181's next of kin was interviewed and stated they had observed cockroaches in the facility. They reported that they stepped on and killed the cockroaches and did not notify the facility of the sighting. (continued on next page)

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F 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 02/21/2024 at 2:14 PM, Resident #11 was interviewed and stated they observed mice running around their room at night. They stated the facility placed mice traps in their room but they continue to observe mice in the room at night. On 02/21/2025 at 2:18 PM, Resident #46 was interviewed and stated they observed mice in their room during the night time hours. On 02/20/2025 at 10:56 AM, Registered Nurse #1 was interviewed and stated there were cockroach sightings within the facility and that the facility's maintenance team was aware of the cockroach issue and regularly sprayed pest control substances in the facility. On 02/20/2025 at 11:42 AM, Licensed Practical Nurse #1 was interviewed and stated they had received some complaints from residents related to cockroaches during the evening shift. They stated that residents typically see the cockroaches in the evening if they get up to use the restroom. On 02/24/2025 at 09:33 AM, the Director of Operations was interviewed and stated the facility uses a contracted pest control company that makes weekly visits to provide pest management services. In between the pest control company's visits, the facility also used pest control management tactics including using glue traps, Raid spray, electric rodent traps, and filling gaps in baseboards. The Director of Operations stated pest control is an ongoing job for the facility and that while there are still sightings of pests, they feel that the facility has improved over the past few months. On 02/25/2025 at 11:43 AM, the Administrator was interviewed and stated that they are aware of cockroach and rodent sightings within the facility. They stated that pest control company comes on a weekly basis, and that Environmental Services staff also conducts pest control. They stated they believed the increase in pest sightings was related to construction that was occurring in the area. 10 NYCRR 415. (5) (h)(1)