STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335724	A. Building B. Wing	12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Silvercrest	144 45 87th Avenue Jamaica, NY 11435

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on interview and record review conducted during the Recertification and Complaint survey (NY00325467) from 12/12/2024 to 12/19/2024, the facility did not ensure that it promoted and facilitated resident self-determination through the support of resident choice. This was evident for 1 (Resident #103) of 5 residents reviewed for Choices. Specifically, bathing preference was not obtained and not provided in accordance with Resident #103's wishes. The findings are: The facility's policy and procedure titled Performing Activities of Daily Living (ADL) revised 9/1/2022 documented all residents will be provided a shower or bath, with assistance as necessary as least twice per week, unless otherwise specified by resident's plan of care. Resident #103 was admitted to the facility with Diabetes Mellitus, Hyperlipidemia, and Hypertension. The Annual Minimum Data Set, dated dated dated [DATE] documented that it was very important for Resident #103 to choose between tub bath, shower, bed bath or sponge bath. The Quarterly Minimum Data Set, dated dated dated [DATE] documented that Resident #103 had intact cognition, was independent with eating, and required substantial assistance for showering. On 12/13/2024 at 2:02 PM, Resident #103 stated they have been in the facility for about 4 years and had only been receiving bed baths. Resident #103 also stated that they requested to be showered multiple time but was still receiving bed baths. The Comprehensive Care Plan titled Activities of Daily Living dated 12/1/2023 reviewed 10/2/2024 documented that Resident #103 required substantial assistance for shower/bathing. The care plan did not document Resident #103's bathing preferences. The Resident Nursing Instructions revised 7/15/2024 documented Resident #103's bathing type was bed bath or shower, and the bathing schedule was Wednesdays and Saturdays during the 3:00 PM to 11:00 PM shift. (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: 335724	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/19/2024
NAME OF PROVIDER OR SUPPLIER Silvercrest		STREET ADDRESS, CITY, STATE, ZIP CODE 144 45 87th Avenue Jamaica, NY 11435	

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Social Services note dated 9/17/2024 documented that Resident #103 reported not having a shower in 4 years and that the Administrator was made aware of it. Review of progress notes dated 9/17/2024 to 12/16/2024, there was no documentation that resident's shower preference was addressed. The Certified Nursing Assistant Documentation Record for 11/1/2024 to 12/16/2024 documented Resident #103 received a bed bath on 3 (11/2/2024, 11/9/2024, 11/27/2024) out of 9 opportunities in November of 2024. Bathing was not performed for Resident #103 on 11/6/2024, 11/13/2024, 11/16/2024, 11/20/2024, 11/23/2024 and 11/30/2024. Resident #103 received a bed bath on 3 (12/4/2024, 12/7/2024, 12/11/2024) out of 4 opportunities in December of 2024. Bathing was not performed on 12/14/2024. Review of the medical record from 11/1/2024 to 12/16/2024 contained no documented evidence that Resident #103 refused bathing on the other scheduled bathing days. On 12/19/2024 at 3:24 PM, Certified Nursing Assistant #6 stated that Resident #103 had been in the facility for a long time and had always received bed baths on Wednesday and Saturdays during the 3 PM to 11 PM shift. Certified Nursing Assistant #6 also stated that Resident #103 required a special bariatric shower chair which was not available. Certified Nursing Assistant #6 further stated that all staff including nurses knew Resident #103 needed a special bariatric shower and there was no chair yet. On 12/19/2024 at 4:25 PM, Certified Nursing Assistant #7 stated that Resident #103 was admitted to the facility about 4 years ago and was having a lot of pain initially and was not able to get out of bed so received bed baths at that time. Certified Nursing Assistant #7 also stated that there was no shower chair that was appropriate for Resident #103's size; therefore, giving a shower was not an option. Certified Nursing Assistant #7 further stated that Resident #103 was only getting bed baths due to lack of equipment and them not being able to get out of bed. On 12/16/2024 at 4:21 PM, Social Worker #2 stated Resident #103 has a wheelchair that they utilize for ambulation, but the chair was not able to fit through the entryway to the shower room. Social Worker #2 also stated that they had planned to purchase a special chair that is appropriate for Resident #103's size and able to fit through the entry. Social Worker #2 further stated that they did not know the status of the shower chair and did not know whether or not the chair was ordered. On 12/17/2024 at 9:31 AM, Resident #103's wheelchair was measured at 36 inches wide and was not able to fit through the entry to shower room. On 12/19/2024 at 1:00PM, the Administrator stated that a shower chair Resident #103's was ordered immediately on 12/03/2024 after they were made aware of the problem and they are currently waiting for it to be delivered. On 12/19/2024 at 2:03 PM, the Director of Nursing stated Resident #103 has a history of refusing shower and has been getting bed bath twice weekly as per their staff. The Director of Nursing Resident also stated that upon admission residents select the bathing preferences with showers scheduled twice weekly or bed bath only which can be changed any time as per resident's request. The Director of Nursing was not able to explain why Resident #103 was only provided bed baths. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Silvercrest		STREET ADDRESS, CITY, STATE, ZIP CODE 144 45 87th Avenue Jamaica, NY 11435	

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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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 NYCRR 415.5 (b)(1-3)

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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 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** 51390 Based on observation, record review and interviews conducted during the recertification survey from 12/12/2024 to 12/19/2024, the facility did not ensure individual resident financial records were made available to resident or their representative through quarterly statements. This was evident for 1 (Residents #36) of 2 residents reviewed for Personal Funds out of a sample of 38 residents. Specifically, there was no documented evidence that Resident #36, or their representative had been provided with quarterly statements in writing within 30 days after the end of the quarter. The findings are: The undated facility policy and procedure titled Resident Personal Accounts documented that the Finance Department will distribute quarterly statements to residents or other responsible party on a timely basis. The Resident Statement Landscape printed 12/18/2024 documented that Resident #36 and had an active account and funds being held by the facility. The Quarterly Minimum Data Set 3.0 assessment dated [DATE] documented that Resident #36 had intact cognition and participated in assessment and goal setting. The undated document titled Quarterly Statement for Statement Date: July 2024-[DATE] was not signed or dated by Resident #36, their designee, or the Finance Department. There was no documented evidence provided that Resident #36 or their representative had been provided with copies of their quarterly statements. On 12/19/24 at 09:29 AM, an interview was conducted with the Patient Account Coordinator who stated that they recently started working at the facility and is in the process of implementing a system for documenting how statements are delivered where a copy would be provided to the resident and a copy to the home address if family is involved. The recipient would be instructed to sign the statement and return it to the facility. The Patient Account Coordinator also stated that they did not know where the documentation regarding delivery of statements to Resident #36 was located. The Patient Account Coordinator further stated they had not yet been able to follow-up on statements that had been mailed for which no signed copy had been received. On 12/19/24 at 03:38 PM, an interview was conducted with the Administrator who stated that statements are mailed or given to residents on a quarterly basis based on the resident's cognitive status. The Administrator also stated that if there is no family involvement, statements still have to be delivered to the resident. The Administrator further stated that inhouse delivery of statements is done by either Recreation or the Patient Account Coordinator who is expected to get acknowledgement from the resident and file the statement. (continued on next page)

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F 0568 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In a subsequent interview on 12/19/24 at 04:11 PM, the Administrator stated that the facility had a change in Medicaid Coordinator, and they did not transfer all of their files to the facility before they left, so some documentation is unavailable for review. The Administrator also stated that the process that was in place is that the Coordinator mails statements out to all residents whether they reside in the facility or not. On 12/19/24 at 04:20 PM, the Patient Account Coordinator provided copies of six Quarterly Statement for Statement Date: July 2024-[DATE] that had been received and returned by residents in the facility which did not include a statement for Resident #36. 10 NYCRR 415.26(h)(5)(i)

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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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. 51390 Based on observation, record review and interviews conducted during the recertification survey from 12/12/2024 to 12/19/2024, the facility did not ensure that an appropriate surety bond was purchased, or otherwise assurance satisfactory to the Secretary was provided, to assure the security of all personal funds of residents deposited with the facility. Specifically, there is no surety bond was provided to assure the residents fund against loss. This was evident for 138 residents who maintained personal funds accounts with the facility. The findings are: The facility policy titled Resident Personal Accounts did not contain any reference to the availability of a surety bond. The document titled Trial Balance Silvercrest documented balances as of 12/18/24 totaling #301,736.85 (three hundred and one thousand, seven hundred and thirty-six dollars, and eighty-five cents). On 12/19/2024 at 10:30 AM, the Administrator presented a document titled Standard Commercial Crime Binder. The policy listed the insured as New York Presbyterian Foundation, Inc. and the policy period was listed as 06/30/2024-06/30/2025 and outlined limits of insurance which ranged from $10,000 to $250,00 and deductibles ranging from $50,000 to $375,000. There was no documented evidence provided that the facility had purchased a surety bond to assure the security of personal funds of residents deposited with the facility. On 12/19/2024 at 12:15 PM, the Administrator was interviewed and stated that they had been informed by the Risk Management of New York Presbyterian that since Silvercrest was part of New York Presbyterian, the resident funds were insured under a Master Crime Policy and that the coverage afforded through a surety bond was covered through this insurance. The Administrator also stated that they were informed that the insurance policy provides greater coverage and greater limits than a traditional surety bond, as required by the Department of Health. 10 NYCRR 415.26(h)(5)(v)

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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 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. 51390 Based on observation, record review and interviews conducted during the recertification survey from 12/12/2024 to 12/19/2024, the facility did not ensure residents' rights to send and receive mail. Specifically, residents did not have mail delivered to them in the facility on the weekend. The findings are: The facility policy titled Mail Delivery dated 01/17/2001, last revised 10/25/2023 documented that the mail delivered on Saturdays will be sorted by the Recreation department and the mail will be delivered to the resident. On 12/16/24 at 11:44 AM, during Resident Council meeting, all 10 residents present stated that mail is not delivered in the facility on Saturdays. Resident #106 stated that the mail has to be sorted by Administration, and then Recreation gets it, and so since no one from Administration works on Saturday, there is no mail delivery on Saturdays. On 12/19/24 at 09:36 AM, an interview was conducted with the Director of Therapeutic Recreation who stated that their work hours are Monday to Friday from 9:00AM-5:00PM. The Director of Therapeutic Recreation also stated that when the mail and packages arrive, they are delivered to the Security desk. Two persons from Administration or Finance sort the mail, and once the mail is sorted they receive an alert from Security and then deliver the mail to the residents. The Director of Therapeutic Recreation further stated that on weekends nobody works in the Administrative office so that delays mail delivery, but first thing on Monday morning they try to get to it promptly because sometimes there is a lot of mail. The Director of Therapeutic Recreation stated that Recreation staff will deliver packages on weekends but not mail. On 12/19/24 at 10:05 AM, an interview was conducted with the Security Officer who stated that mail and packages are sometimes delivered on Saturday and are placed on a table in the Security area. The Security Officer also stated that the mail stays there until it is picked up by someone from Administration on Monday morning, sorted and then it is picked up by Recreation staff and delivered to the residents. The Security Officer further stated that if packages are delivered on the weekend, they contact Recreation staff who will then deliver the packages to the residents on Saturday and Sunday. On 12/19/24 at 01:43 PM, the Medical Services Coordinator was interviewed and stated that they work at the facility Monday to Thursday from 8:30 AM to 4:30 PM. The Medical Services Coordinator also stated that they sort the incoming mail for residents and facility staff which they divide into separate bins and then resident's mail to Recreation staff. The Medical Services Coordinator further stated that they were not aware of the procedure on weekends regarding mail delivery and would need to speak with the Recreation department about what happens to mail on Saturday. The Medical Services Coordinator stated that on they go with their colleague to the Security desk, collect the mail, separate it, return resident's mail to security and the Recreation will pick it up from there. (continued on next page)

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F 0576 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/19/24 at 02:17 PM, an interview was conducted with the Health Information Supervisor who stated that they work at the facility Monday to Friday from 8AM to 4PM. The Health Information Supervisor also stated that Security will call Administration when the mail arrives, and they would go there and sort the mail, place it in the resident bin and the call Recreation to collect it. The Health Information Supervisor further stated that on Saturday someone from Recreation handles resident's mail as they are responsible to handle weekend mail. The Health Information Supervisor stated that they and the Medical Services Coordinator are only responsible for week day mail. On 12/19/24 at 02:27 PM, an interview was conducted with the Administrator who stated that on weekdays the Health Information Supervisor and the Medical Services Coordinator sort all the mail, and once completed contact the Recreation who then delivers it to the residents. The Administrator also stated that on weekends Recreation deliver and will remove only residents mail out of the bin at Security and deliver it to the residents. The Administrator further stated that they were not aware that this process was not being followed. 10 NYCRR 415.3(e)(2)(i)

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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** 51390 Based on observation, record review and interviews conducted during the Recertification and Complaint survey (NY00340617) survey from 12/12/2024 to 12/19/2024, the facility did not ensure that adequate clean linen was provided to facilitate timely care of residents. Specifically, there were multiple complaints of insufficient linen from residents and staff. The findings are: The policy titled Laundry and Linen Management dated 10/13/1998 and revised 09/25/2024 stated that it is the policy of the facility to maintain an adequate supply of clean linen through safe and sanitary laundry procedures. The policy also stated that the Laundry Department will supply a sufficient quantity of linen for proper resident care and comfort. The undated document titled NEW PAR LEVEL documented towel distribution as follows: 2 North 7 AM-3 PM =40, 3 PM -11 PM=30, 11 PM to 7 AM=20 2 South 7 AM-3 PM =40, 3 PM -11 PM=30, 11 PM to 7 AM=25 3 North 7 AM-3 PM =40, 3 PM -11 PM=40, 11 PM to 7 AM=30 3 South 7 AM-3 PM =40, 3 PM -11 PM=40, 11 PM to 7 AM=30 4 North 7 AM-3 PM =40, 3 PM -11 PM=40, 11 PM to 7 AM=26 4 South 7 AM-3 PM =40, 3 PM -11 PM=40, 11 PM to 7 AM=26 5 North 7 AM-3 PM =60, 3 PM -11 PM=60, 11 PM to 7 AM=50 5 South 7 AM-3 PM =60, 3 PM -11 PM=60, 11 PM to 7 AM=50 During the Resident Council meeting held on 12/16/24 at 11:48 AM, 4 of 10 residents complained of insufficient linen which has been an ongoing issue for several months, and stated that they have been told by staff, particularly on weekends, that there is not enough linen, and linen is distributed on a first come, first served basis. On 12/18/24 at 10:51 AM, an interview was conducted with Certified Nursing Assistant #15 who stated that towels are always short, and additional linen has to be requested once or twice a week. (continued on next page)

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/18/24 at 11:03 AM, an interview was conducted with Certified Nursing Assistant #17 who stated that they are mostly short of towels on the unit and sometimes they run out before they can give care to all the residents on their assignment. Certified Nursing Assistant #17 also stated that daily on their assignment there are at least 2 residents out of 10 scheduled to have a shower and the availability of towels is an issue. When giving showers, they may use 2-3 towels per resident and 1 towel for a bed bath so they would need a minimum of 12 to 14 towels on their shifts. Certified Nursing Assistant #17 further stated that sometimes when they do not want to wait for towels to be brought up, they will use the nightgown that they take off to dry the resident off. On 12/18/24 at 11:37 AM, an interview was conducted with Certified Nursing Assistant #16 who stated that sometimes linen is not available on the unit to enable them to get residents out of bed by 10:30-11:30 every day. Certified Nursing Assistant #16 also stated that many times the linen is not enough, and they have to wait until it comes up from downstairs. On 12/19/24 at 10:25 AM, an interview was conducted with Certified Nursing Assistant #18 who stated that sometimes they have to wait to provide care because there is not enough linen. Certified Nursing Assistant #18 also stated that on their daily assignment they have 2-3 residents that need a shower, and they would use one towel for a bed bath, sometimes two for the shower, and some residents might want three towels if they wash their hair. Certified Nursing Assistant #18 further stated that they are frequently short of towels on the weekend, or the towels are delivered to the unit late so they would try to use washcloths to dry the residents until the towels are delivered to the floor. Certified Nursing Assistant #18 stated that at times they have to ask their peers to share the linen they have so as not to delay caring for the residents and completing their assignment on time. 37787 Resident #12 (NY00340617) was admitted to the facility with diagnoses that include Quadriplegia, Muscle Spasm, Hereditary and Idiopathic neuropathy. The Minimum Data Set assessment dated [DATE] revealed that the resident was cognitively intact. During an interview on 12/16/2024 at 4:17 PM, Resident #12 stated that the facility is always short of clean linen, including sheets, bed savers and towels. Resident #12 further stated that bed savers are being soiled more easily, so more linens are needed to change the beds. Resident #12 further stated that it is impossible for the staff to work without having enough linen. On 12/17/2024 at 1:16 PM, Registered Nurse #3 was interviewed and stated that beds are changed twice a week and as needed. Registered Nurse #3 also stated that when there is a problem with linen on the unit, they call the Director of Housekeeping to ask for more linen. Registered Nurse #3 further stated that sometimes, extra linen might not be available right away, and housekeeping would then call when it is ready. On 12/18/2024 at 12:47 PM, Certified Nursing Assistant #3 was interviewed and stated that not having enough supplies is something that happens often. Certified Nursing Assistant #3 also stated that most of the time, for 10 residents, they receive 8 towels, sometimes only 6 so they have to use clothing to dry off the residents. Certified Nursing Assistant #3 further stated that if there are not enough pads to put on the bed, the evening shift will continue, if linen becomes available on the evening shift. (continued on next page)

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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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 12/19/24 at 11:53 AM, Certified Nursing Assistant #13 was interviewed and stated that the facility is always short of linen on the morning shift. Certified Nursing Assistant #13 also stated that sometimes, they might find some sheets, towels, or bed savers left over from the night shift so use that to start. On 12/19/24 at 01:10 PM, an interview was conducted with the Director of Environmental Services who stated that par levels are determined with the interdisciplinary team, and they deliver according to what the need is. The Director of Environmental Services also stated that they believe the current par level list was developed as of August 2024. The Director of Environmental Services further stated that currently linen is being done in-house, and prior to August an outside company used to deliver the linen. The Director of Environmental Services stated that linens are packaged and delivered to the units 10 minutes prior to the start of shift, and they were not aware that there was an issue with late linen delivery, or of short linen supply. On 12/19/24 at 01:51 PM, an interview was conducted with the Director of Nursing who stated that they attended the Resident Council meetings when residents voiced a concern that there was not enough linen. The Director of Nursing also stated that they feel that since laundry is now being done in house, there is more control and no longer an issue with the linen supply. The Director of Nursing further stated that par levels are determined based on the acuity and the needs of the residents and were adjusted within the last month or so. the Director of Nursing stated that they have noticed that staff hoard towels, so they did environmental rounds and adjusted the par levels so try to stop that practice. On 12/19/24 at 02:30 PM an interview was conducted with the Administrator who stated that par levels were established when they started doing laundry in house. We monitored how many towels were being returned and we adjusted at one point, and we thought the issue was resolved. The Administrator also stated they did sporadic audits to determine what was being returned and we found that linen was being returned unused. The Administrator further stated that the audit did not include whether additional linen was sent to the unit and remained at the end of the shift. 10 NYCRR 415.5(h)(3)

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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 0725

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Many

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 18881

Based on record review and interviews conducted during the Recertification Survey and Complaint Survey (NY00361139, NY00361002, NY00353498, NY00348185 and NY00340617) from 12/12/2024 to 12/19/2024, the facility did not ensure sufficient nursing staff were available to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, 1). par levels documented in the Facility Assessment did not reflect actual weekend staffing levels. 2). interviews with members of the Resident Council, reflected ongoing concern about staffing levels at the facility, 3). five of eleven complaints investigated during the survey involved staffing concerns, and 4). interviews with other residents and staff reflected stafffing concerns. This was evident during the Sufficient and Competent Nurse Staffing Task.

The findings include but are not limited to:

The facility policy and procedure titled Nursing Coverage Plan last revised on 05/03/2024 documented that the Staffing Plan for Nursing Services reflects specific service needs to meet resident care and organizational needs. Evaluation of floor/unit specific needs is an ongoing process and ensures that staffing skill mix reflects the resident care needs. The policy also documented that the purpose was to ensure that the staffing needs of the facility are met.

1. The Facility Assessment last updated on 09/02/2024 documented a facility capacity of 320 residents with a staffing plan for weekdays, weekends, and holidays and by shift distributed as follows:

Daily Staffing: Monday to Friday 7 AM-3 PM Shift:

1 Registered Nurse Manager per floor.

Unit 2 North- 2 Registered Nurses and 4 Certified Nursing Aides.

Unit 2 South- 2 Licensed Practical Nurses and 4 Certified Nursing Aides.

Unit 3 North -2 Licensed Practical Nurses, 4 Certified Nursing Aides.

Unit 3 South -2 Licensed Practical Nurses, and 4 Certified Nursing Aides.

Unit 4 North- 2 Licensed Practical Nurses and 4 Certified Nursing Aides.

Unit 4 South -1 Registered Nurse, 2 Licensed Practical Nurses, and 4 Certified Nursing Aides

Unit 5 North-4 Registered Nurses, 5 Certified Nursing Aides.

Unit 5 South-4 Registered Nurses, 5 Certified Nursing Aides.

Monday to Friday 3 PM-11 PM Shift:

(continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Unit 1 Registered Nurse Supervisor for the entire facility Unit 2 North- 2 Registered Nurses and 4 Certified Nursing Aides. Unit 2 South- 2 Licensed Practical Nurses and 4 Certified Nursing Aides. Unit 3 North -2 Licensed Practical Nurses, and 4 Certified Nursing Aides. Unit 3 South -2 Licensed Practical Nurses, and 4 Certified Nursing Aides. Unit 4 North- 1 Registered Nurse and 1 Licensed Practical Nurse, and 4 Certified Nursing Aides. Unit 4 South- 1 Registered Nurse, 2 Licensed Practical Nurses and 4 Certified Nursing Aides. Unit 5 North-4 Registered Nurses, 5 Certified Nursing Aides. Unit 5 South-4 Registered Nurses, 5 Certified Nursing Aides. Monday to Friday 11 PM-7 AM Shift: 1 Registered Nurse Supervisor for the entire facility Unit 2 North- 2 Registered Nurses, and 2 Certified Nursing Aides. Unit 2 South- 1 Licensed Practical Nurse and 3 Certified Nursing Aides. Unit 3 North -1 Licensed Practical Nurse, and 3 Certified Nursing Aides. Unit 3 South -1 Licensed Practical Nurses, and 3 Certified Nursing Aides. Unit 4 North- 1 Registered Nurse and 1 Licensed Practical Nurse, and 3 Certified Nursing Aides. Unit 4 South- 1 Registered Nurse,2 Licensed Practical Nurses and 4 Certified Nursing Aides. Unit 5 North-4 Registered Nurses, 4 Certified Nursing Aides. Unit 5 South-4 Registered Nurses, 4 Certified Nursing Aides. The Facility Assessment also outlined coverage for Weekends and Holidays, which did not specify which shift the staffing pattern was for, as follows: Unit 2 North- 2 Registered Nurses, and 2 Certified Nursing Aides. Unit 2 South- 1 Licensed Practical Nurse and 4 Certified Nursing Aides. Unit 3 North -1 Licensed Practical Nurse, and 3 Certified Nursing Aides. Unit 3 South -1 Licensed Practical Nurses, and 4 Certified Nursing Aides. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Unit 4 North- 2 Licensed Practical Nurses, and 3 Certified Nursing Aides. Unit 4 South- 1 Registered Nurse, 2 Licensed Practical Nurses and 4 Certified Nursing Aides. Unit 5 North-4 Registered Nurses, 5 Certified Nursing Aides. Unit 5 South-4 Registered Nurses, 5 Certified Nursing Aides. An asterisk indicated that there would be 2 Registered Nurse Managers on the day shift, and 1 Registered Nurse Manager on the evening and night shift. Review of the weekend staffing for October 2024 reflected the following: On 10/05/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 4S. On 10/05/2024 on the 11 PM to 7 AM shift there was a shortage of 1 Certified Nursing Assistant on Unit 2S, 3S, 4S, 5N and 5S, 1 Licensed Practical Nurse on Unit 4N and 4S, and 1 Registered Nurse on Unit 5S. Total shortage of staff was 6 Certified Nursing Assistants, 2 Licensed Practical Nurses, and 1 Registered Nurse in a 24-hour period with no replacement. On 10/06/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5N and 5S. On 10/06/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5N, 5S, 1 Licensed Practical Nurse on Unit 4N and 1 Registered Nurse on unit 5S. On 10/06/2024 on the 11 PM to 7 AM shift there was a shortage of 1 Certified Nursing Assistant on Unit 3S, 4S, and 5S, and 1 Registered Nurse on Unit 5S. Total shortage of staff was 7 Certified Nursing Assistants, 1 Licensed Practical Nurse, and 2 Registered Nurses in a 24-hour period with no replacement. On 10/12/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Certified Nursing Assistant and 1 Registered Nurse on Unit 5S. On 10/12/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 2N, 5N, 5S, 1 Licensed Practical Nurse on Unit 2S and 3N, and 1 Registered Nurse on Unit 3S and 5S. Total shortage of staff was 4 Certified Nursing Assistants, 2 Licensed Practical Nurses, and 3 Registered Nurses in a 24-hour period with no replacement. On 10/13/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Licensed Practical Nurse on Unit 4S and 1 Registered Nurse on Unit 5N. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 10/13/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5N and 5S. Total shortage of staff was 2 Certified Nursing Assistants, 1 Licensed Practical Nurse, and 1 Registered Nurse in a 24-hour period with no replacement. On 10/19/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5N and 5S. On 10/19/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5S, and 1 Registered Nurse on Unit 5N and 5S. On 10/19/2024 on the 11 PM to 7AM shift there was a shortage of 1 Certified Nursing Assistant on Unit 4S, 5N, 5S, and 1 Registered Nurse on 5S. Total shortage of staff was 6 Certified Nursing Assistants and 3 Registered Nurses in a 24-hour period with no replacement. On 10/20/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Licensed Practical Nurse on Unit 4N. On 10/20/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Licensed Practical Nurse on Unit 4N. On 10/20/2024 on the 11 PM to 7 AM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5N and 5S, and 1 Registered Nurse on 5S. Total shortage of staff was 2 Certified Nursing Assistants, 2 Licensed Practical Nurses, and 1 Registered Nurse in a 24-hour period with no replacement. On 10/26/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5S, 1 Licensed Practical Nurse on Unit 4N and 1 Registered Nurse on Unit 5N and 5S. On 10/27/2024 on the 7 AM to 3 PM shift there was a shortage of 1 Certified Nursing Assistant on Unit 5S, and 1 Licensed Practical Nurse on Unit 4N and 4S. On 10/27/2024 on the 3 PM to 11 PM shift there was a shortage of 1 Licensed Practical Nurse on Unit 4N. On 10/27/2024 on the 11 PM to 7 AM shift there was a shortage of 1 Certified Nursing Assistant on Unit 4S, 5N and 5S, 1 Licensed Practical Nurse on Unit 4N and 1 Registered Nurse on Unit 5S. Total shortage of staff was 4 Certified Nursing Assistants, 4 Licensed Practical Nurses, and 1 Registered Nurse in a 24-hour period with no replacement. 51390 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. During the Resident Council meeting conducted on 12/16/2024 from 11:00 AM to 11:50 AM, 9 of 10 residents reported concerns with staffing. On 12/16/24 at 11:09 AM, Resident #160 stated that they were told there would be 4 Certified Nursing Assistants working on their unit and many times there are less than that. On 12/16/24 at 11:11 AM, Resident #184 stated that when it is short on weekends and holidays they are not able to get out of bed and this happens regularly. Resident #184 also stated that they often have to miss showers on both scheduled days because there is not enough staff. On 12/16/24 at 11:13 AM, Resident #114 stated that they often miss showers missed showers on their scheduled days. Resident #114 also stated that they might start the day with 4 Certified Nursing Assistants and then staff gets pulled to go to another floor or to escort a resident on an appointment. On 12/16/24 at 11:15 AM, Resident #6 stated that the facility only schedules 4 Certified Nursing Assistants most times, so if there are callouts there is shortage. Resident #6 also stated that when the facility receives sick calls from staff, there is a lot of scrambling and asking for staff to stay over which leads to staff being burnt out. 37787 3. Resident #12 (NY00340617) was admitted to the facility with diagnoses that include Quadriplegia, Muscle Spasm, Hereditary and Idiopathic Neuropathy. The Minimum Data Set assessment dated [DATE] revealed that the resident was cognitively intact. During an interview on 12/16/2024 at 3:43 PM, Resident #12 stated that there used to be 4-5 Certified Nursing Assistants on the unit and now, most of the time, there are only 3 Certified Nursing Assistants. Resident #12 also stated that the 3 nursing assistants have to take care of the whole unit including giving showers, getting residents ready for appointments, and helping residents out of bed after the morning care ended. Resident #12 further stated that because of the low staffing situation, residents cannot get out of bed on time, and it is impossible to have only 3 Certified Nursing Assistants working on the floor and get the work done properly. During an interview on 12/17/2024 at 4:25 PM, Certified Nursing Assistant #14 stated that sometimes the nurse has to come to help out with some residents when their work permits. On 12/18/2024 at 1:00 PM, Certified Nursing Assistant #3 was interviewed and stated that the floor used to have 5 Certified Nursing Assistants, and the facility has not been able to have 5 Certified Nursing Assistants working on the floor for months. Certified Nursing Assistant #3 also stated that it is very hard to work short with 3 to 4 staff as each nursing assistant gets 12 to 14 residents. Certified Nursing Assistant #3 further stated that even when staff is short, they still have to do everything for the residents. Some of the residents are mad, they want to get up early, some of them have appointment, some of them have therapy and it is impossible to do everything and many residents are not happy. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On12/18/2024 at 5:15 PM, the Representative for Resident #182 (NY00361139) was interviewed and stated that the facility needs more aides as all residents do not have the same need. Resident #182's Representative also stated that the aides are exhausted, and residents are not getting their needs met. Resident #182's Representative further stated that Resident #182 needs to ambulate on the unit, but the aides do not have the time to ambulate Resident #182 because they are always short of staff. On 12/19/2024 at 11:41 AM, Certified Nursing Assistant #13 was interviewed and stated that not too long ago, in the morning shift on a Sunday, with a census of 40 residents, there were only 2 Certified Nursing Assistants on the unit. Certified Nursing Assistant #13 also stated that a night shift Certified Nursing Assistant did stay over until around 12 noon to help out. Certified Nursing Assistant #13 stated they saw their Union Representative to complain about feeling ill and not being compensated for their missing lunch break on that day. On 12/17/2024 at 1:02 PM, during an interview Registered Nurse #3 stated that an increase in staffing in the part of the Certified Nursing Assistants would be appreciated. Intake for NY00361002 was dated 11/19/2024 and stated that there were staffing issues on the night shift. Intake for NY00340617 was dated 07/15/2024 and stated that there was not enough staff as staff had left employment at the facility and had not been replaced. 33315 On 12/12/24 at 12:53 PM, an interview was conducted with Resident #79 (NY00353498) who stated that the facility is understaffed especially in the evening and mostly on weekends. Resident #79 also stated that sometimes they had not been toileted, and sometimes have to wait until the next day to get showers because there is no one to assist them. Resident #79 further stated that often no one is available to help them get toiletries or what they need to shower, and this has been an ongoing problem and they have complained to the Administrator and the nursing office, but nothing has been done about it. 4. On 12/13/24 at 11:55 AM, an interview was conducted with Resident #92 who stated that staffing is a big concern to them because often times they activate the call bell, and no one shows up. Resident #92 further stated that they could not recall the specific date but recalled that it was on a weekend that they activated the call bell around 11AM and a Certified Nursing Assistant did not assist them until 2 PM. On 12/17/24 at 12:07 PM, an interview was conducted with Certified Nursing Assistant #3 who stated there were times when there were only 2 or 3 Certified Nursing Assistants working on the unit, instead of 4 as scheduled. Certified Nursing Assistant #3 also stated they try to manage but there will definitely be a delay in caring for residents when there are not enough aides. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 12/17/24 at 09:54 AM, an interview was conducted with Ombudsman who stated they have attended Resident Council meetings several times and the Administrator has also attended at times. The Ombudsman also stated that the majority of residents who attended the meeting complained about low staff that is affecting care especially on the 11 PM to 7 AM shifts and on weekends. Ombudsman further stated that residents informed them that the facility is currently undergoing some transition in ownership which they think is affecting the care they receive. 45351 On 12/19/2024 at 09:59 AM, Certified Nursing Assistant #9 stated they work short especially on the weekends. Certified Nursing Assistant #9 also stated that usually they have two showers to be given on their daily task and are assigned multiple residents requiring two staff or more for their care, so showers are not always feasible when they are working short. On 12/19/2024 at 10:29 AM, Certified Nursing Assistant #10 stated that there are 4 nursing assistants scheduled the day shift and it appears that there is difficulty in covering the missing shift when staff calls out especially the weekends. Certified Nursing Assistant #10 also stated that they are short staffed almost every weekend due to the facility not being able to find coverage to replace staff. On 12/18/2024 at 05:11 PM, the Staffing Coordinator was interviewed and stated that the facility is in contract with three to four nursing agencies, that provide them with Registered Nurses, Licensed Practical Nurses, Certified Nursing Aides, and escorts as needed. The Staffing Coordinator also stated that they have a roster of per-diem staff and part time staff, and they also use overtime with their regular staff. The Staffing Coordinator further stated that a request is submitted to the agencies two weeks, the per diem provides the facility with their availability and the regular staff would call the Nursing office to have their names listed and are available. The Staffing Coordinator stated that vacations are also covered, however, when staff call out or cancel they do their best to find replacement and most of the time we are able to do so. In addition, on weekends or holidays, the Registered Nursing Supervisors are provided the list of names of staff available that they can call in. During an interview on 12/19/2024 at 12:33 PM, the Administrator stated that the current staffing level is sufficient, and staff are scheduled in accordance with the par level. The Administrator also stated that they have been assigning extra nursing staff when allowed to cover any call outs. The facility has sufficient staff to meet the daily par level but there are incidents of staff calling out and they are not able to find replacement staff. The Administrator further stated that the facility has been offering overtime pay for extra shifts and ensure that there are additional staff to call in cases where there are callouts during the weekends. 10 NYCRR 415.13(a)(1)(i-iii)

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F 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. 18881 Based on observations and interviews conducted during the Recertification Survey from 12/12/2024 to 12/19/204, the facility did not ensure that the Nurse Staffing Information was posted appropriately. Specifically, the posting of daily nurse staffing information was not posted in a prominent area which was readily accessible to residents, families, and visitors. The finding is: The facility did not provide a policy and procedure regarding posting of the Daily Nurse Staffing Information . During observations conducted on 12/13/2024, 12/16/2024 and 12/17/2024, the State Surveyor located the postings of the Daily Nurse staffing levels for each shift at the side of the vestibule in the Information Lobby and was not readily visible or accessible to visitors, families, or residents. Furthermore, there were no signage posted on any of the 8 resident units describing where this information could be located. On 12/18/24 at 05:11 PM, the Staffing Coordinator was interviewed and stated that the daily Nurse Staffing was posted in the vestibule near the Survey Report and the Residents' Right Manual. The Staffing Coordinator also stated that they are responsible for placing the posting on weekdays and the Registered Nurse Supervisor is responsible for the postings on weekends. On 12/18/2024, the Associate Director of Nursing was interviewed and stated that in the past the posting was placed right in front of the Receptionist desk, and they would correct this issue. 10 NYCRR 415.13

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 45351 Based on observation, interview, and record review conducted during the Recertification and Complaint survey (NY00325467) from 12/12/2024 to 12/19/2024, the facility did not ensure that resident menus and dietary preferences were followed. This was evident for 1 (Resident #103) of 8 residents reviewed for Food out of 38 total sampled residents. Specifically, portion sizes were not consistently followed, and were not provided to Resident #130. The findings are: The facility's policy and procedure titled Resident Food Services revised 1/2024 documented residents will be offered menu choices for all meals, beverages, snacks and are based on their prescribed diet, food preferences, and choices accommodating their allergies, intolerances, preferences and consistent with their plan of care. Resident #103 was admitted to the facility with Diabetes Mellitus, Hyperlipidemia, and Hypertension. The Quarterly Minimum Data Set, dated dated dated [DATE] documented that Resident #103 had intact cognition and was independent with eating. During an interview on 12/13/2024 at 2:15 PM, Resident #103 stated they are often served small portion and missing protein on their meal tray. The Comprehensive Care Plan for Nutrition dated 7/16/2024 reviewed 12/12/2024 documented interventions which included to monitor weight, labs, provide diet per physician order, and evaluate needs, eating habits, and preferences. The Dietary note dated 7/23/2024 documented Resident #103 complained they did not receive a protein at lunch yesterday. The Dietary note dated 8/12/2024 documented Resident #103 informed the Registered Dietitian that they were to receive double portion at meals and that their trays are sometimes inconsistent. Resident #103 was upset that their lunch tray today did not have a protein. Registered Dietitian told the resident that this meal ticket reflects no main entree item most likely because of the dislikes regarding an item served for lunch. Resident #103 reported that they will order food in because of these occurrences. During an observation on 12/17/2024 at 1:07 PM, Resident #103's lunch meal ticket documented 1 serving size for all items: 1 salad greens, 1 cranberry juice, 1 peanut butter cookie, 1 apple juice, 1 bowl of chicken noodle soup, 1 portion of eggplant parmesan, 1 portion of corn, red pepper, and green beans, 1 portion of penne pasta. The lunch meal ticket also documented to provide Double Protein as per dietary preference. Resident's plate was observed with 1 slice of eggplant parmesan along with 1 serving size of penne pasta, and corn, red pepper, green beans. There was no double protein observed on Resident #103's tray for the meal. (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/19/2024 at 11:28 AM, the Clinical Nutritional Director was interviewed and stated there has been ongoing communication with Resident #103 because of a history of not complying with their therapeutic diet. Resident #103 provided their preference for double protein on specific menu items; therefore, it should be reflected on the serving size. The Clinical Nutritional Director also stated they were not able to locate resident's menu preferences in their medical record or meal care system and did not know if double protein was reflected in the serving size and served to Resident #103. The Clinical Nutritional Director further stated that the meal care system prints out resident meal tickets with resident's dislikes/allergies and replaced with other items, however, review of the tickets did not reflect that items were replaced. On 12/18/2024 at 11:09 AM, the Food Service Director was interviewed and stated that Resident #103's lunch menu documented double protein as a dietary preference, but this was not reflected in the serving size of eggplant parmesan served on 12/17/2024. The Food Service Director also stated that the nurse would just call for the double protein when Resident #103's meal tray is being assembled during meal service. The Food Service Director further stated that this has been the practice and so double protein is not reflected in the serving size specification for Resident #103. On 12/19/2024 2:03 PM, the Director of Nursing stated that the Food Service Director has been conducting audits without any issues since they have implemented the new dining process. The Director of Nursing further stated that they were not aware that there were issues related to resident's meals. 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45351 Based on observation, interview, and record review conducted during the Recertification and Complaint survey (NY00325467) from 12/12/2024 to 12/19/2024, the facility did not ensure that food was served at an appetizing temperature during meal service. This was evident for 1 (Resident #103) of 8 residents reviewed for Food out of 38 total sampled residents. Specifically, food served during lunch meal service was not maintained at palatable and appetizing temperatures. The findings are: The facility's policy and procedure titled Food Distribution and Service to Residents revised 11/20/2024 stated that each resident would be provided with a nourishing, palatable, diet at proper temperature that meets the dietary needs of each resident. Resident #103 was admitted to the facility with Diabetes Mellitus, Hyperlipidemia, and Hypertension. The Quarterly Minimum Data Set, dated dated dated [DATE] documented that Resident #103 had intact cognition and was independent with eating. On 12/13/2024 at 2:15 PM, Resident #103 stated that staff does not serve food immediately on the floor, so food is consistently served cold. Resident #103 also stated that they were told that there is no microwave on the unit and that staff is not allowed to heat up foods due to a safety issue. On 12/16/2024 from 12:35 PM to 12:50 PM, the food cart arrived in the dining room and dietary staff prepared for the meal service on Unit 2 South. On 12/16/2024 from 12:50 PM to 1:29 PM, dietary and nursing staff assembled the trays and distributed the trays to residents in the dining room and delivered to residents in their room. On 12/16/2024 at 1:29 PM, test trays were conducted on Unit 2 South. The food temperatures were mashed potato 145.8 degrees Fahrenheit, diced carrots 114 degrees Fahrenheit, baked chicken leg 140 degrees Fahrenheit, cream of wheat 153 degrees Fahrenheit, ground chicken 117 degrees Fahrenheit, ground green bean 128 degrees Fahrenheit, coffee 116 degrees Fahrenheit and coffee 116 degrees Fahrenheit. On 12/18/2024 at 11:09 AM, the Food Service Director was interviewed and stated that the food temperatures measured on 12/16/2024 were inconsistent and below the optimal temperature for hot foods. The Food Service Director also stated that hot foods are held at least a desirable temperature of 135 degrees Fahrenheit to ensure foods are served hot when residents receive their meal. The Food Service Director further stated that they are always checking temperatures and quality of meals during observations on the units during meal service. (continued on next page)

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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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/19/2024 at 12:33 PM, the Administrator was interviewed and stated that the meal delivery process was changed earlier this year to ensure residents are provided communal dining service. Residents are gathered and served meals in the dining room. The Administrator also stated that the Food Service Director has been monitoring/checking temperatures and food quality on the units during meal service. The Administrator further stated they have not heard of any issues before now and that there is a microwave in the staff dining cafeteria that can be used for heating up foods if needed. 10 NYCRR 415.14(d)(1)(2)