

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

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335725	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2026
NAME OF PROVIDER OR SUPPLIER Hope Center for Hiv and Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 University Avenue Bronx, NY 10452	
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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews during survey, the facility failed to ensure that each resident received treatment and care in accordance with professional standards of practice. This was evident for one out of four residents (Resident #1) sampled. Specifically, Resident #1 had a Physician's Order dated 03/10/2026 and 03/18/2026 for laboratory tests to be done for Prothrombin Time and International Normalized Ration (used to monitor patients taking blood-thinning medications) and several other tests. Record review revealed that the laboratory tests were not performed, and a Nursing Supervisor and Medical Doctor were not notified. Cross Reference: F684 - Quality of Care The findings include: A facility policy titled 'Anticoagulation Therapy' with a revision date of 03/2019 documented that all residents requiring anticoagulation therapy will have labs drawn as ordered by the physician to determine effectiveness of therapy and subsequent dosages. Clinical Staff will monitor residents as needed for safety of medication therapy. In addition, the nurse shall assess and document/report the following recent labs, including therapeutic dose monitoring. The physician should stop, taper, or change medications that interact with Warfarin, or monitor the Prothrombin Time/ International Normalized Ratio very closely while the individual is receiving Warfarin, to ensure that the Prothrombin Time/ International Normalized Ratio stabilizes. A facility policy titled 'Lab Services' with a revision date of 08/2019 documented that the facility will provide or obtain laboratory services to meet the needs of its residents. The facility will promote practices to ensure the quality and timeliness of laboratory services including routine and STAT (immediately or without delay) labs. Laboratory services may only be provided or obtained when ordered by the resident's physician. The licensed staff will make appointment and arrangements with the facility's laboratory for all of the resident's ordered laboratory tests. A facility policy titled 'Lab/Test Results- Reporting' with a revision date of 10/22/2025 documented that the facility provides resident laboratory services in an accurate, safe, and timely manner in accordance with current standards of practice and federal and state regulations. The licensed nurse will notify the Health Care provider (HCP) of any abnormal laboratory test results and will document the notification and additional orders as indicated in the clinical record. Resident #1 was admitted to the facility with diagnoses including atrial fibrillation (irregular heart rhythm), diabetes mellitus (high sugar in the blood) and heart failure (heart muscle does not pump enough blood). The Minimum Data Set (a resident assessment tool) dated 03/17/2026 documented Resident #1 had intact cognition. The assessment documented that Resident #1 was receiving an anticoagulant medication. A hospital Inpatient Discharge Summary signed 03/10/2026 documented that Resident #1 was discharged from the hospital on Warfarin 4 milligram at bedtime. The recommendation was to repeat the international normalized ratio while at nursing home to ensure levels remain therapeutic as Resident #1 was previously on 5.5 milligram daily. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented Warfarin Sodium (blood-thinner) (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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	oral tablet 2 milligram (Warfarin Sodium) give 2 tablets by mouth in the morning for anticoagulant therapy. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented monitor for signs and symptoms of bleeding while receiving Warfarin. Notify Medical doctor if resident has dark/dischored urine, black tarry stools, nosebleed, vomiting and /or coughing out blood every shift. If bleeding occurs check results of last prothrombin time/ international normalized ratio as well as notify medical doctor. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented notify Medical Doctor of previous and current lab results. Date of next Prothrombin Time/ International Normalized Ratio 04/07/2026 a onetime only for Warfarin. Laboratory monitoring for seven days to be scheduled on date of next Prothrombin Time/ International Normalized Ratio. Warfarin should not be administered until lab results are reviewed. An Order Summary Report written by Medical Doctor #1 dated 03/18/2026, revealed several laboratory tests were ordered and not done. Tests include Prothrombin Time/ International Normalized Ratio/Partial Thromboplastin Time, CD4 Count (a type of white blood cell), CD8 Count (type of white blood cell that directly attacks and destroys virus-infected cells, abnormal cells, and certain cancer cells), RFTs (Renal Function Tests) with electrolytes, Liver Function Tests, Hemoglobin A1c, TSH (thyroid stimulating hormone), Vitamin D (25-Hydroxy), Extended Storage, Serum, Free T4 (Thyroxine, Direct), Total T3 (Triiodothyronine), CMP14, Lipid Panel, CBC (Complete Blood Count) with Differential, Platelet Count, RPR (Rapid Plasma [NAME], a blood test used to screen for syphilis), Urinalysis, Thyroid Panel, HCV RT-PCR Quantitative (Hepatitis C Viral Load), Hepatitis Panel (Hepatitis A, B, Hepatitis C). There was no documented evidence that the laboratory tests ordered on 03/10/2026 and 03/18/2026 were performed. There was no documented evidence that Medical Doctor #1 and Registered Nurse Supervisor #1 were notified. A review of the Medication Administration Record from 03/11/2026 through 04/24/2026, revealed that Warfarin Sodium oral tablet 2 milligram give 2 tablets by mouth in the morning for anticoagulant therapy revealed that Warfarin was being administered to Resident #1 without knowledge of Prothrombin Time/International Normalized Ratio level results. A risk for bleeding secondary to anticoagulant use care plan initiated on 03/16/2026 documented interventions to monitor for signs and symptoms of abnormal bleeding (skin bruising, bleeding gums, black stools, coffee ground like emesis, blood in urine). Monitor laboratory values and notify Medical Doctor of abnormal findings (Prothrombin Time, Partial Thromboplastin Time, International Normalized Ratio). A nursing note dated 04/09/2026 by Licensed Practical Nurse #1 documented notify medical doctor of previous and current lab results, date of next prothrombin time/ international normalized ratio 04/07/2026 one time only for Warfarin. Laboratory monitoring for seven days to be scheduled on date of next prothrombin time/ international normalized ratio. Warfarin should not be administered until lab results are reviewed. ThA review of the medical notes dated from 03/18/2026 through 04/24/2026 revealed there was no documented evidence Medical Doctor #1 followed up on the laboratory tests that they ordered for Warfarin to be done. During a telephone interview on 07/15/2026 at 10:37 AM, Resident #1 (who was the complainant) stated the facility did not performed any blood work tests on them since their admission to the facility. Resident #1 stated they kept asking when they would have blood drawn because they were on anticoagulant medication. Resident #1 stated they spoke to the nurses and multiple doctors who came, and they kept telling them they would do it. Resident #1 stated they regularly taking Warfarin and grateful they did not experience any bleeding. During a telephone interview on 07/16/2026 at 10:49 AM, Licensed Practical Nurse #1 stated they remember Resident #1 taking Warfarin and was monitored for bleeding and bruising. Licensed Practical Nurse #1 stated they did not check if the laboratory tests (for Prothrombin Time/International Normalized Ratio) were done. Licensed Practical Nurse #1 stated they do not recall documenting the notes for (continued on next page)		

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04/09/2026.During a telephone interview on 07/16/2026 at 1:08 PM, Licensed Practical Nurse #2 stated the medical doctor comes to the unit and they follow up the laboratory test results. Licensed Practical Nurse #2 stated different nurses work in the unit and if they confirmed an order for laboratory test, the phlebotomist (healthcare professional trained to collect blood) would pick up the order and would come to do the test. Licensed Practical Nurse #2 stated they work two to three days per week and were not aware the laboratory tests for Resident #1 were not performed.During an interview on 07/15/2026 at 5:36 PM, Director of Nursing stated they admitted Resident #1 on 03/10/2026 and that Medical Doctor #1 ordered laboratory test for Resident #1. The Director of Nursing stated that the phlebotomist left the facility and that is the reason the Resident #1's blood works were not done, and they did not follow up. Director of Nursing stated that Resident #1 did not want to get out of bed via mechanical lift to go to an outside lab to get blood test done. Director of Nursing stated they missed the documentation regarding the conversation between them and Resident #1. Director of Nursing stated that other residents were sent to another laboratory to get their labs done. Director of Nursing stated that the doctors check their lab results on the computer. Director of Nursing stated they were not aware Resident #1's lab work was not done and that no one notified them. Director of Nursing stated something got lost in transaction and the order was missed. During a telephone interview on 07/16/2026 at 12:07 PM, Medical Director stated that when Resident #1 on Warfarin medication, they monitored the prothrombin time and international normalized ratio. They stated that monitoring depends on the clinician and how often they want to see the levels. Medical Director stated that nursing should have notified the medical doctor that the lab tests were not done and the medical doctor should have followed up. Medical Director stated they oversee the care of residents in the facility and that they were not aware laboratory tests for Resident #1 were not performed. 10 New York Codes, Rules, and Regulations 415.11(c)(3)(i)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews during survey, the facility failed to ensure that each resident received treatment and care in accordance with professional standards of practice. This was evident for one out of four residents (Resident #1) sampled. Specifically, Resident #1 had a Physician's Order dated 03/10/2026 and 03/18/2026 for laboratory tests to be done for Prothrombin Time (measures how long your blood takes to clot) and International Normalized Ratio level (used to monitor patients taking blood-thinning medications) and several other laboratory tests. Record review revealed that laboratory tests were not performed, and a Nursing Supervisor and Medical Doctor were not notified. The findings include: A facility policy titled 'Anticoagulation Therapy' with a revision date of 03/2019 documented that all residents requiring anticoagulation therapy will have labs drawn as ordered by the physician to determine effectiveness of therapy and subsequent dosages. Clinical Staff will monitor residents as needed for safety of medication therapy. In addition, the nurse shall assess and document/report the following recent labs, including therapeutic dose monitoring. The physician should stop, taper, or change medications that interact with Warfarin, or monitor the Prothrombin Time/ International Normalized Ratio very closely while the individual is receiving Warfarin, to ensure that the Prothrombin Time/ International Normalized Ratio stabilizes. A facility policy titled 'Lab Services' with a revision date of 08/2019 documented that the facility will provide or obtain laboratory services to meet the needs of its residents. The facility will promote practices to ensure the quality and timeliness of laboratory services including routine and STAT (immediately or without delay) labs. Laboratory services may only be provided or obtained when ordered by the resident's physician. The licensed staff will make appointment and arrangements with the facility's laboratory for all of the resident's ordered laboratory tests. A facility policy titled 'Lab/Test Results-Reporting' with a revision date of 10/22/2025 documented that the facility provides resident laboratory services in an accurate, safe, and timely manner in accordance with current standards of practice and federal and state regulations. The licensed nurse will notify the Health Care provider (HCP) of any abnormal laboratory test results and will document the notification and additional orders as indicated in the clinical record. Resident #1 was admitted to the facility with diagnoses including atrial fibrillation (irregular heart rhythm), diabetes mellitus (high sugar in the blood) and heart failure (heart muscle does not pump enough blood). The Minimum Data Set (a resident assessment tool) dated 03/17/2026 documented Resident #1 had intact cognition. The assessment documented that Resident #1 was receiving an anticoagulant medication. A hospital Inpatient Discharge Summary signed 03/10/2026 documented that Resident #1 was discharged from the hospital on Warfarin 4 milligram at bedtime. The recommendation was to repeat the international normalized ratio while at nursing home to ensure levels remain therapeutic as Resident #1 was previously on 5.5 milligram daily. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented Warfarin Sodium (blood-thinner) oral tablet 2 milligram (Warfarin Sodium) give 2 tablets by mouth in the morning for anticoagulant therapy. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented monitor for signs and symptoms of bleeding while receiving Warfarin. Notify Medical doctor if resident has dark/discoleored urine, black tarry stools, nosebleed, vomiting and /or coughing out blood every shift. If bleeding occurs check results of last prothrombin time/ international normalized ratio as well as notify medical doctor. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented notify Medical Doctor of previous and current lab results. Date of next Prothrombin Time/ International Normalized Ratio 04/07/2026 a onetime only for (continued on next page)		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Warfarin. Laboratory monitoring for seven days to be scheduled on date of next Prothrombin Time/ International Normalized Ratio. Warfarin should not be administered until lab results are reviewed. An Order Summary Report written by Medical Doctor #1 dated 03/18/2026, revealed several laboratory tests were ordered and not done. Tests include Prothrombin Time/ International Normalized Ratio/Partial Thromboplastin Time, CD4 Count (a type of white blood cell), CD8 Count (type of white blood cell that directly attacks and destroys virus-infected cells, abnormal cells, and certain cancer cells), RFTs (Renal Function Tests) with electrolytes, Liver Function Tests, Hemoglobin A1c, TSH (thyroid stimulating hormone), Vitamin D (25-Hydroxy), Extended Storage, Serum, Free T4 (Thyroxine, Direct), Total T3 (Triiodothyronine), CMP14, Lipid Panel, CBC (Complete Blood Count) with Differential, Platelet Count, RPR (Rapid Plasma [NAME], a blood test used to screen for syphilis), Urinalysis, Thyroid Panel, HCV RT-PCR Quantitative (Hepatitis C Viral Load), Hepatitis Panel (Hepatitis A, B, Hepatitis C). There was no documented evidence that the laboratory tests ordered on 03/10/2026 and 03/18/2026 were performed. There was no documented evidence that Medical Doctor #1 and Registered Nurse Supervisor #1 were notified. A review of the Medication Administration Record from 03/11/2026 through 04/24/2026, revealed that Warfarin Sodium oral tablet 2 milligram give 2 tablets by mouth in the morning for anticoagulant therapy revealed that Warfarin was being administered to Resident #1 without knowledge of Prothrombin Time/International Normalized Ratio level results. A risk for bleeding secondary to anticoagulant use care plan initiated on 03/16/2026 documented interventions to monitor for signs and symptoms of abnormal bleeding (skin bruising, bleeding gums, black stools, coffee ground like emesis, blood in urine). Monitor laboratory values and notify Medical Doctor of abnormal findings (Prothrombin Time, Partial Thromboplastin Time, International Normalized Ratio). A nursing note dated 04/09/2026 by Licensed Practical Nurse #1 documented notify medical doctor of previous and current lab results, date of next prothrombin time/ international normalized ratio 04/07/2026 one time only for Warfarin. Laboratory monitoring for seven days to be scheduled on date of next prothrombin time/ international normalized ratio. Warfarin should not be administered until lab results are reviewed. ThA review of the medical notes dated from 03/18/2026 through 04/24/2026 revealed there was no documented evidence Medical Doctor #1 followed up on the laboratory tests that they ordered for Warfarin to be done. During a telephone interview on 07/15/2026 at 10:37 AM, Resident #1 (who was the complainant) stated the facility did not perform any blood work tests on them since their admission to the facility. Resident #1 stated they kept asking when they would have blood drawn because they were on anticoagulant medication. Resident #1 stated they spoke to the nurses and multiple doctors who came, and they kept telling them they would do it. Resident #1 stated they regularly taking Warfarin and grateful they did not experience any bleeding. During a telephone interview on 07/16/2026 at 10:49 AM, Licensed Practical Nurse #1 stated they remember Resident #1 taking Warfarin and was monitored for bleeding and bruising. Licensed Practical Nurse #1 stated they did not check if the laboratory tests (for Prothrombin Time/International Normalized Ratio) were done. Licensed Practical Nurse #1 stated they do not recall documenting the notes for 04/09/2026. During a telephone interview on 07/16/2026 at 1:08 PM, Licensed Practical Nurse #2 stated the medical doctor comes to the unit, and they follow up the laboratory test results. Licensed Practical Nurse #2 stated different nurses work in the unit and if they confirmed an order for laboratory test, the phlebotomist (healthcare professional trained to collect blood) would pick up the order and would come to do the test. Licensed Practical Nurse #2 stated they work two to three days per week and were not aware the laboratory tests for Resident #1 were not performed. During an interview on 07/15/2026 at 5:36 PM, Director of Nursing stated they admitted Resident #1 on 03/10/2026 and that Medical Doctor #1 ordered laboratory test for Resident (continued on next page)		

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F 0711 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, and interviews during survey, the facility did not ensure that the physician reviewed the resident's total program of care, including medications and treatments, at each visit. This was evident in one out of four residents sampled. Specifically, Resident #1 was on Warfarin (blood thinner), and Medical Doctor #1 ordered laboratory tests on 03/10/2026 and 03/18/2026 for Prothrombin Time (measures how long your blood takes to clot) and International Normalized Ratio level (used to monitor patients taking blood-thinning medications) and several other laboratory tests. Medical Doctor #1 failed to follow up on several laboratory tests they ordered. Cross Reference: F658 Services Meet Professional Standards and F684 Quality of CareThe findings include:A facility policy titled ' Anticoagulation Therapy' with a revision date of 03/2019 documented that all residents requiring anticoagulation therapy will have labs drawn as ordered by the physician to determine effectiveness of therapy and subsequent dosages. Clinical Staff will monitor residents as needed for safety of medication therapy. In addition, the nurse shall assess and document/report the following recent labs, including therapeutic dose monitoring. The physician should stop, taper, or change medications that interact with Warfarin, or monitor the Prothrombin Time/ International Normalized Ratio very closely while the individual is receiving Warfarin, to ensure that the Prothrombin Time/ International Normalized Ratio stabilizes.A facility policy titled ' Lab/Test Results- Reporting' with a revision date of 10/22/2025 documented that the facility provides resident laboratory services in an accurate, safe, and timely manner in accordance with current standards of practice and federal and state regulations. The licensed nurse will notify the Health Care provider (HCP) of any abnormal laboratory test results and will document the notification and additional orders as indicated in the clinical record.Resident #1 was admitted to the facility with diagnoses including atrial fibrillation (irregular heart rhythm), diabetes mellitus (high sugar in the blood) and heart failure (heart muscle does not pump enough blood).The Minimum Data Set (a resident assessment tool) dated 03/17/2026 documented Resident #1 had intact cognition. The assessment documented that Resident #1 was receiving an anticoagulant medication.A hospital Inpatient Discharge Summary signed 03/10/2026 documented that Resident #1 was discharged from the hospital on Warfarin 4 milligram at bedtime. The recommendation was repeating the international normalized ratio while at nursing home to ensure levels remain therapeutic as Resident #1 was previously on 5.5 milligram daily.An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented Warfarin Sodium (blood-thinner) oral tablet 2 milligram (Warfarin Sodium) give 2 tablets by mouth in the morning for anticoagulant therapy.An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented monitor for signs and symptoms of bleeding while receiving Warfarin. Notify Medical doctor if resident has dark/dischored urine, black tarry stools, nosebleed, vomiting and /or coughing out blood every shift. If bleeding occurs check results of last prothrombin time/ international normalized ratio as well as notify medical doctor. An Order Summary Report written by Medical Doctor #1 dated 03/10/2026 documented notify Medical Doctor of previous and current lab results, date of next Prothrombin Time/ International Normalized Ratio to be done on 04/07/2026 one time only for Warfarin. Laboratory monitoring for seven days to be scheduled on date of next Prothrombin Time/ International Normalized Ratio. Warfarin should not be administered until lab results are reviewed.An Order Summary Report written by Medical Doctor #1 dated 03/18/2026, revealed that several laboratory tests ordered were not done. Tests include Prothrombin Time/ International Normalized Ratio, Partial (continued on next page)		

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