

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335739	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2025
NAME OF PROVIDER OR SUPPLIER Luxor Nursing and Rehabilitation at Mills Pond		STREET ADDRESS, CITY, STATE, ZIP CODE 273 Moriches Road St James, NY 11780	

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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44963</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 1/7/2025 and completed on 1/14/2025, the facility did not ensure each resident was served food and drinks that were palatable, attractive, and at a safe and appetizing temperature. This was identified for ten (Resident #186, Resident #197, Resident # 52, Resident # 16, Resident #142, Resident #200, Resident #50, Resident #12, Resident #128, and Resident #164) of ten residents during the Resident Council meeting. Specifically, during the Resident Council meeting held on 1/8/2025, ten of the ten residents in attendance complained of hot food being served at cold temperatures. On 1/13/2025, during the lunch meal service, three (Unit 1 North, Unit 2 North, and Unit 3 South) of three units' meals temperatures for the hot food items were recorded below 135 degrees Fahrenheit.</p> <p>The finding is:</p> <p>The facility's policy titled Food Preparation and Service last revised March 2023, documented that potentially hazardous foods including meats, poultry, seafood, cut melon, eggs, milk, yogurt, and cottage cheese must be maintained below 41 degrees Fahrenheit and above 135 degrees Fahrenheit. Previously cooked food must be reheated to an internal temperature of 165 degrees Fahrenheit for at least 15 seconds. The temperature of foods held in steam tables will be monitored by food and nutrition service staff.</p> <p>The Resident Council meeting was conducted on 1/8/2025 at 11:55 AM. Ten of the ten residents in attendance unanimously complained of hot food being served at cold temperatures.</p> <p>Resident #142, the Resident Council President, was admitted with diagnoses that included Diabetes Mellitus, Emphysema (chronic lung disease that damages the air sacs in the lungs, making it difficult to breathe), and Hyperlipidemia (high cholesterol). The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 14, which indicated the resident had intact cognition.</p> <p>Resident #200 was admitted with diagnoses that included Gout, Hypertension, and Depression. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident was cognitively intact.</p> <p>Resident #50 was admitted with diagnoses that included Acute Respiratory Failure and Obesity. The 5-day Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, indicating the resident was cognitively intact.</p> <p>(continued on next page)</p>

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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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #164 was admitted with diagnoses that included Parkinson's Disease, Lymphoma, and Anemia. The Quarterly Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 13, indicating the resident was cognitively intact.</p> <p>A review of the Resident Council minutes from 10/2024 to 12/2024 was conducted and no concerns were documented in the Resident Council minutes regarding hot foods that were served cold during meals.</p> <p>On 1/13/2025 during the lunch meal service, three test trays were requested for three (Unit 3 South, Unit 1 North, Unit 2 North) of the three units.</p> <p>Two meal racks for Unit 3 South departed the kitchen at 12:39 PM and arrived at the unit at 12:40 PM. The racks were not covered. The last meal tray was served at 12:58 PM. The test tray temperatures were taken at 12:58 PM in the presence of the Assistant Director of Nursing Services. The temperature reading for the protein entree, the roasted chicken, was 128.5 degrees Fahrenheit. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 124 degrees Fahrenheit and 108.1 degrees Fahrenheit respectively.</p> <p>Two meal racks for Unit 1 North departed the kitchen at 12:57 PM and arrived at the unit at 12:58 PM. The racks were not covered. The last meal tray was served at 1:03 PM. The test tray temperatures were taken at 1:03 PM in the presence of the Dietary Supervisor. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 131 degrees Fahrenheit and 120 degrees Fahrenheit respectively.</p> <p>One meal rack for Unit 2 North departed the kitchen at 1:09 PM and arrived at the unit at 1:13 PM. The rack was not covered. The last meal tray was served at 1:25 PM. The test tray temperatures were taken at 1:25 PM in the presence of the Director of Finance. The temperature reading for the protein entree, the roasted chicken, was 120 degrees Fahrenheit. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 100 degrees Fahrenheit and 110 degrees Fahrenheit respectively.</p> <p>During an interview on 1/13/2025 at 1:14 PM, the Food Service Director stated they knew there were concerns about hot meals being served cold from Resident Council and Food Committee meetings. The Food Service Director stated that the kitchen continued to utilize an old pellet heating system which was not distributing heat evenly to warm all the pellets at equal temperatures therefore, the food was not preserved to the desired temperature. The Food Service Director stated an outdated steamer used to cook vegetables was also inefficient. The Food Service Director stated the administration was aware of the concerns and they continued to explore different solutions such as a new steamer, enclosed racks, and a new pellet heating system. The Food Service Director stated nothing had been finalized at this time.</p> <p>During an interview on 1/14/2025 at 12:55 AM, the Administrator stated they were aware of residents' complaints about food temperature since 2023. The Administrator stated they thought the issue was related to staff not distributing the meals timely and they implemented an all hands on deck approach and instructed all staff to take part in the meal distribution. The Administrator stated a few months ago they started looking into replacing kitchen equipment because the pellet warmer system was old and did not evenly heat all the pellets. The Administrator stated there is currently an ongoing discussion to purchase new equipment; however, no orders have been placed at this time. The Administrator stated they were not aware of the insufficient amount of metal pellets.</p> <p>(continued on next page)</p>		

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	10 NYCRR415.14(d)(1)(2)

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44963</p> <p>Based on observations, record review, and interviews during the Recertification Survey initiated on 1/7/2025 and completed on 1/14/2025, the facility did not distribute and serve food in accordance with professional standards for food service safety. This was identified during the dining facility task and for ten (Resident #186, Resident #197, Resident # 52, Resident # 16, Resident #142, Resident #200, Resident #50, Resident #12, Resident #128, and Resident #164) of ten residents during the Resident Council meeting. Specifically, on 1/13/2025 during the lunch meal service, three (Unit 1 North, Unit 2 North, Unit 3 South) of three units meals temperatures for the hot food items were below 135 degrees Fahrenheit.</p> <p>The finding is:</p> <p>The facility's policy titled Food Preparation and Service last revised March 2023, documented that potentially hazardous foods including meats, poultry, seafood, cut melon, eggs, milk, yogurt, and cottage cheese must be maintained below 41 degrees Fahrenheit and above 135 degrees Fahrenheit. Previously cooked food must be reheated to an internal temperature of 165 degrees Fahrenheit for at least 15 seconds. The temperature of foods held in steam tables will be monitored by food and nutrition service staff.</p> <p>The facility's policy titled Food Safety - Food Handling last revised in September 2021 documented that the facility recognized inadequate cooking and improper holding temperatures are critical factors implicated in foodborne illness. Potentially hazardous foods will be cooked to the appropriate internal temperatures and held at those temperatures for the appropriate length of time to destroy pathogenic microorganisms. Potential hazardous foods that were prepared from ingredients and were held in the danger zone (41 degrees Fahrenheit to 135 degrees Fahrenheit) for more than 4 hours will be discarded.</p> <p>The Resident Council meeting was conducted on 1/8/2025 at 11:55 AM. Ten of the ten residents in attendance unanimously complained of hot food being served at cold temperatures.</p> <p>On 1/13/2025 during the lunch meal service, three test trays were requested for three (Unit 3 South, Unit 1 North, Unit 2 North) of the three units.</p> <p>Two meal racks for Unit 3 South departed the kitchen at 12:39 PM and arrived at the unit at 12:40 PM. The racks were not covered. The last meal tray was served at 12:58 PM. The test tray temperatures were taken at 12:58 PM in the presence of the Assistant Director of Nursing Services. The temperature reading for the protein entree, the roasted chicken, was 128.5 degrees Fahrenheit. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 124 degrees Fahrenheit and 108.1 degrees Fahrenheit respectively.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Two meal racks for Unit 1 North departed the kitchen at 12:57 PM and arrived at the unit at 12:58 PM. The racks were not covered. The last meal tray was served at 1:03 PM. The test tray temperatures were taken at 1:03 PM in the presence of the Dietary Supervisor. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 131 degrees Fahrenheit and 120 degrees Fahrenheit respectively.</p> <p>One meal rack for Unit 2 North departed the kitchen at 1:09 PM and arrived at the unit at 1:13 PM. The rack was not covered. The last meal tray was served at 1:25 PM. The test tray temperatures were taken at 1:25 PM in the presence of the Director of Finance. The temperature reading for the protein entree, the roasted chicken, was 120 degrees Fahrenheit. The temperature readings for the vegetables (diced potatoes and sliced carrot) were 100 degrees Fahrenheit and 110 degrees Fahrenheit respectively.</p> <p>During an interview on 1/13/2025 at 1:14 PM, the Food Service Director stated they knew there were concerns about hot meals being served cold from Resident Council and Food Committee meetings. The Food Service Director stated prior to the start of every meal, hot food temperatures were checked in the kitchen.</p> <p>The Food Service Director stated that the kitchen continued to utilize an old pellet heating system which was not distributing heat evenly to warm all the pellets at equal temperatures therefore, the food was not maintained to the desired temperature. The Food Service Director stated steamer used to cook vegetables is outdated and inefficient. They would also like to replace the open rack with an enclosed rack to maintain the food temperature during delivery. The Food Service Director stated that the administration was aware of the concerns and the facility continued to explore solutions such as a new steamer, enclosed racks, and a new pellet heating system; however, nothing has been finalized at this time.</p> <p>During a re-interview on 1/13/2025 at 3:54 PM, the Food Service Director stated the kitchen currently did not have enough metal pellets to maintain the temperature for each meal plate. There should ideally be 250 pellets; however, the facility currently has approximately 200 pellets on rotation. The Food Service Director stated meal trays prepared last, may not maintain appropriate food temperatures because the pellets would run out. The Food Service Director stated each resident who received a hot meal should have an insulated dome cover and a metal pellet to keep the hot food temperatures above 135 degrees Fahrenheit.</p> <p>During an interview on 1/14/2025 at 12:55 AM, the Administrator stated that they were aware of residents' complaints of food temperature since 2023. The Administrator believed timeliness was a responsible factor for low food temperatures. The Administrator stated that they implemented All Hands on Deck and expected non-nursing staff members to assist during meal services to improve the timeliness of meal delivery. The Administrator stated that they started looking into replacing kitchen equipment a few months ago and were aware that the Food Service Director addressed a mechanical issue with the pellet warmer system. The Administrator stated that there is an ongoing discussion of other purchases and no order had been made at this time. The Administrator stated that they were not aware that there were not enough metal pellets to circulate during mealtime. The Administrator stated that the Food Service Director should replace the damaged pellet and ensure that each resident has a pellet to keep their plate warm. The Administrator stated that The Administrator stated that all residents should receive a hot meal that was not cold.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/14/2025 at 12:55 AM, the Administrator stated they were aware of residents' complaints about food temperature since 2023. The Administrator stated they thought the issue was related to staff not distributing the meals timely and they implemented an all hands on deck approach and instructed all staff to take part in the meal distribution. The Administrator stated a few months ago they started looking into replacing kitchen equipment because the pellet warmer system was old and did not evenly heat all the pellets. The Administrator stated there is currently an ongoing discussion to purchase new equipment; however, no orders have been placed at this time. The Administrator stated they were not aware of the insufficient amount of metal pellets.</p> <p>10 NYCRR 415.14(h)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28670</p> <p>Based on observation, record review, and interviews during the Recertification Survey initiated on 1/7/2025 and completed on 1/14/2025, the facility did not ensure that an infection prevention and control program designed to help prevent the development and transmission of communicable disease and infection was implemented. This was identified for one (Resident #208) of six residents reviewed for Infection Control. Specifically, Resident #208 had a physician's order for contact precautions secondary to Conjunctivitis (eye infection). On 1/13/2025, Occupational Therapist #1 and Physical Therapy Assistant #1 were observed ambulating the resident without proper Personal Protective Equipment.</p> <p>The finding is:</p> <p>The facility's Transmission Based Precautions policy and procedure last revised on 4/25/2024 documented contact precautions are implemented to prevent transmission of pathogens that are spread by direct or indirect contact with the resident or the environment. Upon entering the room of a resident on contact precautions, healthcare personnel and visitors should don (put on) a gown and gloves, and should doff (remove) Personal Protective Equipment prior to leaving the room.</p> <p>Resident #208 had diagnoses that included Hypertension and Conjunctivitis. The Admission Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status score of 15, which indicated the resident had intact cognition. The Minimum Data Set assessment documented the resident's vision was adequate. The resident utilized a wheelchair for mobility and required supervision/touching assistance with wheeling. The resident was not ambulated during the assessment look-back period.</p> <p>A physician's order dated 1/12/2025 documented Tobramycin Ophthalmic Solution 0.3 % (antibiotic for eye infection). Instill 1 drop in each eye every 8 hours for Conjunctivitis for 5 days.</p> <p>A physician's order documented an order to place the resident on Contact precautions for Conjunctivitis until 1/16/2025.</p> <p>A Comprehensive Care Plan dated 1/12/2025 documented the resident had suspected/actual infection related to Conjunctivitis. Interventions included to administer antimicrobial medication as ordered, to administer medication and treatment as ordered, educate the resident/family/visitors on precautions, and Personal Protective Equipment to be worn by staff, providers, family, and visitors related to an active infection.</p> <p>During an observation on 1/13/2025 at 11:30 AM, Occupational Therapist #1 and Physical Therapy Assistant #1 were observed ambulating Resident #208 in the hallway towards the resident's room without the use of Personal Protective Equipment. A precautions sign was observed outside Resident #208 door that documented Contact Precautions, put on gloves and a gown before entry. Occupational Therapist #1 and Physical Therapy Assistant #1 ambulated the resident into the room and assisted the resident into a wheelchair.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Occupational Therapist #1 and Physical Therapist Assistant #1 were interviewed immediately on 1/13/2025 at 11:38 AM. Occupational Therapist #1 stated they were walking the resident from the Rehabilitation Therapy gym to their room and were not allowed to wear gowns in the hallway. Physical Therapy Assistant #1 stated they knew to wear Personal Protective Equipment when entering a resident's room on Contact Precaution; however, they were only going into Resident #208's room to assist the resident back into their wheelchair.</p> <p>During a subsequent interview on 1/13/2025 at 11:57 AM, Occupational Therapist #1 stated Resident #208 wheeled themselves to the Rehabilitation Therapy gym and told them that something was wrong with their eyes. Occupational Therapist #1 stated soon after the resident came down, the nursing staff called them and told them to return the resident to their room because the resident was on Contact Precaution for Pink Eye. Occupational Therapist #1 stated they and Physical Therapist Assistant #1 decided to walk the resident to their room to get the ambulation session completed. Occupational Therapist #1 stated they thought they did not have to put on Personal Protective Equipment as they were only returning the resident back to their room. Occupational Therapist #1 stated they should have put on a gown and gloves before they entered the resident's room.</p> <p>During a subsequent interview on 1/13/2025 at 11:59 AM, Physical Therapist Assistant #1 stated they and Occupational Therapist #1 decided to walk the resident from the Rehabilitation Department gym to their room to get the ambulation session completed. Physical Therapist Assistant #1 stated they did not have to put on Personal Protective Equipment as they were only returning the resident to their room.</p> <p>During an interview on 1/14/2025 at 3:55 PM, the Director of Nursing Service stated that both Occupational Therapist #1 and Physical Therapy Assistant #1 should not have ambulated the resident in the hallway after they were notified of the resident's Contact Precautions status.</p> <p>During an interview on 1/13/2025 at 4:10 PM, the Infection Control Preventionist stated that Occupational Therapist #1 and Physical Therapy Assistant #1 should not have walked the resident in the hallway after being informed that the resident was on Contact Precaution and should have followed the facility's policy and utilized appropriate Personal Protective Equipment including a gown and gloves.</p> <p>10 NYCRR 415.19(a)(1-3)</p>		