

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335762	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER St Marys Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 516 West 126th Street New York, NY 10027	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observation, record review, and interview during the Recertification Survey conducted from 02/05/2025 to 02/12/2025, the facility did not ensure that residents' right to a safe, clean, comfortable, and homelike environment was provided. This was evident in 3 of 4 units (Units 2, 3, and 5). Specifically, rooms were not cleaned, window screens were torn, windowsills were layered with dust, floor corners were embedded with in dirt, resident furniture in disrepair, resident equipment were not cleaned, and there was leak in the ceiling.</p> <p>The findings include but are not limited to:</p> <p>The facility was not able to provide a policy for environmental services.</p> <p>During multiple observations from 02/05/2025 through 02/12/25, the following were observed:</p> <ol style="list-style-type: none"> 1. In the Lobby Area, seating furniture had torn cushion, the ceiling plaster was cracked and peeling with brown stains, the corner of the floors were embedded with dirt, and the elevator floor tiles had accumulated dirt. 2. In the Community Room, there were 3 black metal framed chair with missing bilateral arm cushion, window shades were stained, windowsills had layers of dust, the television was heavily layered with dirt and dust, multiple attached seatings had food particles, crumbs, and embedded dirt, ceiling fans were layered with dust, windows were dirty, folding tables were embedded with dirt and bent downward in the center, radiators were rusty and dirty, resident's bathroom had broken tile behind the toilet bowl, and walls had patches of white plaster paint. 3. In Unit 2, room [ROOM NUMBER]'s nightstand drawer was broken. The air conditioning unit in room [ROOM NUMBER] had a plywood affixed under the window and the linen bin was dusty and rusty. room [ROOM NUMBER] window shades were stained, the room was dusty, and there was a dirty plastic with duct tape around the air conditioning unit that was hanging. 4. In Unit 3, room [ROOM NUMBER] had ripped window screen. room [ROOM NUMBER] had dirty and broken window shades. room [ROOM NUMBER] had windows with plastic affixed with duct tape, and plywood in the air conditioning unit. room [ROOM NUMBER] bathroom had a bubbled ceiling plaster. room [ROOM NUMBER] and 308 had windows with duct tape covering the crack in the glass. room [ROOM NUMBER] had indented flooring, and mechanical lifts were layered with dirt and debris. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5. In Unit 5, the blood pressure stand had dirt and dust, the bins on the left side of the medication cart had yellowish dried stains, the wall-mounted phone had sticky brownish substance, there was a hole and leak on the staff lounge ceiling, the stairwell ceiling had yellowish stains, the plaster was peeling and had bubbles, the dirty linen bins were dirty and rusty. room [ROOM NUMBER] and 509's shared bathroom had a brown stain in the toilet bowl, shower had black grime on the tile grout. There was a duct tape and plastic with black grime that was covering the shower window.</p> <p>During an interview on 02/06/2025 at 11:25 AM, Resident #21 who reside in room [ROOM NUMBER] stated the glass is broken on their window and there is duct tape on the crack. They stated Maintenance covered the window with plastic to prevent the cold air from coming in. Resident #21 further stated the window had been that way for years and they would like the window fixed.</p> <p>During an interview on 02/06/2025 at 11:30 AM, Resident #14 who lives in room [ROOM NUMBER] stated their bathroom is not cleaned thoroughly and always looks dirty.</p> <p>During an interview on 02/12/2025 at 9:55 AM, Resident #25 who lives in room [ROOM NUMBER] stated they would like the crack in their window to be fixed because it looks crazy.</p> <p>During an interview on 02/12/2025 at 10:01 AM, Housekeeper #1 stated they are responsible for cleaning the lobby, community room, dining room, and basement. They stated they try to complete their job the best they can. They stated they do not dust every day, but they sweep and mop the floors daily and disinfect the chairs every day.</p> <p>During an interview on 02/12/2025 at 8:00 AM, the Lead Housekeeper stated it is their responsibility to oversee the Housekeeping Department and ensure that the staff are doing their job. They stated that rooms were dusted twice weekly. They stated they are responsible for cleaning the mechanical lifts and blood pressure stands.</p> <p>During an interview on 02/12/2025 at 10:01 AM, Maintenance Worker #1 stated they are the only staff in Maintenance and that their priority is to ensure that all electrical equipment are functional and safe, and that the plumbing and lighting fixtures are in working condition. They stated they currently have a leak on the 5th floor due to roofing problems and sometimes, toilets overflow that cause leakage. Maintenance Worker #1 stated they also have a leak in the ceiling when there is heavy snow or rain.</p> <p>During an interview on 02/12/2025 at 10:42 AM, the Assistant Administrator stated they oversee the Housekeeping and Maintenance Departments. They stated that the broken windows, leak in the ceilings, and broken furniture in the community room were discussed and brought to the Administrator's attention. The Assistant Administrator stated the Maintenance Staff is in the process of replacing ceiling tiles that were stained from the leaking roof and a contractor assessed the windows and gave an estimate to replace them last year. They stated that 2 windows have been replaced and the remaining windows that still need to be replaced are covered with plastic to prevent the cold air from coming in. The roof was also repaired but there is still a leak. The Assistant Administrator further stated they do not make rounds, but it is the Lead Housekeeper's responsibility to make rounds on the resident floors and report back to them.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 02/12/2025 at 11:14 AM, the Administrator was interviewed and stated they make rounds on the resident floors and community room at least 2-3 times per week to monitor that staff are in compliance with the regulations. The Administrator stated they did not notice the broken furniture or lack of cleanliness in the community room and was not aware the 5th floor ceiling had a leak. The Administrator stated they believe at one time an outside contractor worked on the roof. The Administrator also stated they have a couple of proposals for the windows and two windows have been fixed so far and there are some windows covered in plastic that need to be fixed or replaced. The Administrator further stated there are concerns with housekeeping and they are trying to get the company they contract with to send in new staff.</p> <p>10 NYCRR 415.5 (h)(2)</p> <p>44842</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>19546</p> <p>Based on observation, record review, and interview during the Recertification Survey conducted from 02/05/2025 to 02/12/2025, the facility did not ensure that the storage for controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 were safe and secure. This was evident in 1 of 4 units during the Medication Storage Task. Specifically, the Narcotic Box in Unit 2 was not properly secured.</p> <p>The findings are:</p> <p>The facility policy titled Medication Storage with a revised date of 02/2025 documented Scheduled II - V medications must be maintained in a separately locked, permanently affixed compartments or cabinets.</p> <p>During an observation on 02/05/2025 at 10:18 AM in Unit 2, the Medication Room located inside the nurse station was inspected. Narcotic Box # 1 was observed with a pad lock on top of the narcotic box, locking the outer metal door. The outer metal door when locked, contained a wide opening and remained not firmly closed and secured. There were multiple packs of Schedule II - V controlled narcotics observed inside the inner metal door when opened.</p> <p>Licensed Practical Nurse #1 was immediately interviewed after the observation on 02/05/2025. They stated the pad lock was used to lock the outer door because of an issue with the primary lock of the outer door. The Licensed Practical Nurse could not identify why this was an issue.</p> <p>During an interview on 02/05/2025 at 12:13 PM, the Assistant Director of Nursing stated there had been an issue with Narcotic Box #1's primary lock for some time now and that they installed a pad lock to resolve the issue.</p> <p>10 NYCRR 415.18(e)(1-4)</p>