

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335771	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/07/2026
NAME OF PROVIDER OR SUPPLIER Throgs Neck Extended Care Facility		STREET ADDRESS, CITY, STATE, ZIP CODE 707 Throggs Neck Expressway Bronx, NY 10465	

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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>Based on record review and interviews conducted during the Abbreviated Survey 1DED64-H1, the facility failed to submit the direct care staffing information on the schedule specified by the Centers for Medicare and Medicaid Services. Specifically, the facility failed to submit the direct care staffing data for Quarter four (4), 07/01/2025 -09/30/2025 in a timely manner. The findings are: The facility policy titled Reporting Direct-Care Staffing Information (Payroll -Based Journal) dated 11/20/2022, documented staffing and census information will be reported electronically to Centers for Medicare and Medicaid Services through the Payroll-Based Journal system in compliance with 6106 of Affordable Care Act. The policy also documented staffing information is collected daily and reported for each fiscal quarter no later than forty-five days after the end of the reporting quarter. The Centers for Medicare & Medicaid Services Electronic Staffing Data Submission Payroll-Based Journal, Long Term Care Facility Policy Manual version 2.6 dated 06/2022 documented Section 6106 of the Affordable Care Act requires facilities to electronically submit direct care staffing information (including agency and contract staff) based on payroll and other auditable data. Direct care staffing and census data will be collected quarterly and is required to be timely and accurate. Staffing and census data will be collected for each fiscal quarter. The deadline for submissions must be received by the end of the 45th calendar day (11:59 PM Eastern Time) after the last day in each fiscal quarter in order to be considered timely. A Centers for Medicare and Medicaid Services Payroll Based Journal Staffing Data Report documented the facility failed to submit data for the fiscal year Quarter 4 2025 (July 1 - September 30). An email correspondence from Simple Payroll Based Journal addressed to the Director of Payroll dated 11/17/2025 11:41AM document the Payroll Based Journal submission submitted 11/17/2025 at 11:37AM has failed because Centers for Medicaid and Medicare is no longer accepting submissions for this reporting quarter 07/01/2025-09/30/2025. During an interview on 12/22/2025 at 11:50 AM, the Director of Payroll stated they are responsible for making sure all time management records of staff were completed and the Payroll Based Journal was submitted on time. They stated they were aware of the deadline to submit the direct care staffing data but was unable to explain why they failed to submit the report on time. The Director of Payroll also stated they have updated the Reporting Direct Care Staffing Information Policy on 11/16/2025 to include the payroll Based Journal submission acceptance will be verified by the payroll manager assistant. During an interview on 12/22/2025 at 12:29 AM, the Director of Staffing stated they were not aware until today the staffing and census data was not submitted. During an interview on 12/22/2025 at 12:29 PM, the Assistant Administrator stated they was unable to explain why the direct care staffing data for Quarter 4, 2025 was not submitted. The Assistant Administrator stated it was an oversight. 10 NYCRR 400.2</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 335771	If continuation sheet Page 1 of 1