STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335772	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Richmond Ctr for Rehab and Specialty Healthcare	91 Tompkins Avenue Staten Island, NY 10304

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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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep all essential equipment working safely. Based on observation, record review and interviews the facility did not ensure a building elevator was maintained in a safe working condition. This was observed in 1 (Elevator #4) of 4 facility elevators. Specifically, residents and staff complained Elevator #4 was not in good working condition, and on 12/12/2025 at 12:28 PM, a staff was stuck inside Elevator #4 and was not able to get out of the elevator until staff came to assist them The findings are:The facility policy and procedure titled ?Maintenance Services' dated 5/28/2025 documented the facility provides maintenance service to the facility, grounds and equipment.Review of multiple ?Completed Service Ticket' from the elevator vendor revealed that service calls were made on 07/02/2025, 07/23/2025, 08/11/2025, 08/17/2025, 08/27/2025, 08/29/2025, and 09/04/2025.On 12/12/2025 at 11:25 AM, Resident #41 was interviewed and stated Elevator #4 skips floors, bounces and does not always work properly.On 12/12/2025 at 12:28 PM, screams for help and banging were heard coming from inside Elevator #4. Certified Nursing Assistant #5 quickly rushed to Elevator #4 and started to press the elevator button several times. Elevator #4 finally opened halfway, and Registered Nurse #5 was able to get off the elevator.On 12/12/2025 at 12:35 PM, an interview was conducted with Registered Nurse #5 who stated this was their first time being stuck in the elevator. Registered Nurse #5 also stated it was very scary as they pressed the button several times, but the elevator refused to open.On 12/12/2025 at 1:04 PM, an interview was conducted with Certified Nursing Assistant #5 who stated this was not the first time people got stuck inside Elevator #4. Certified Nursing Assistant #5 also stated management knows Elevator #4 was not working well as people constantly get stuck in it. Certified Nursing Assistant #4 concluded they do not have a log to report if elevator is broken, instead they call the front desk, however this issue has been going on for several months.On 12/12/2025 at 1:20 PM, an interview was conducted with Resident #10, who was sitting in front the elevators at the time of the incident. Resident #10 stated Elevator #4 is a problem, as people get stuck on it very often and this is an ongoing issue.On 12/12/2025 at 1:28 PM, an interview was conducted with Licensed Practical Nurse #5 who also confirmed Elevator #4 has always been a problem, people get stuck in it easily and they do not have a logbook to record the number of times they have had to call for assistance. Licensed Practical Nurse #5 also stated they only call the front door or press the help button in the elevator.On 12/15/2025 at 1:32 PM, the State Surveyor was seated at the 4th Floor Nurses station and observed dietary and unit staff observed bringing food by foot through the stairway from the 3rd Floor to 4th Floor. Elevator not functioning.On 12/15/2025 at 1:34 PM, Dietary Aide #1 Stated on occasions the elevator that services the 4th Floor does not work and they will have to bring the food trucks to the 3rd Floor and bring meals to the floor via the staircase. Dietary Aide #1 the elevator goes out a lot but usually the facility is able to get it working without calling out for service.On 12/15/2025 at 1:48 PM, Nurse Manager #3 stated the two elevators that service the 4th Floor are working at this time. Nurse Manager #3 also stated the issue has happened before and has been happening a lot lately, but it usually does not happen at lunch timeOn 12/17/2025 at 12:54 PM, an interview was conducted with the Director of Maintenance and Housekeeping who stated there are 4 elevators in the main building. The Director of Maintenance and Housekeeping also stated they were that Elevator # 4 was not working well and became aware of the elevator issues two (2) days ago. The Director of Maintenance (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	and Housekeeping further stated the elevator had a broken board, which they found out themselves when they did general rounds. The Director of Maintenance and Housekeeping stated this is their third week at the facility and the previous maintenance director did not report to them that Elevator #4 was broken. The Director of Maintenance and Housekeeping concluded they have shut Elevator #4 down until they figure out what the issues was.On 12/17/25 at 02:58 PM, an interview was conducted with the Administrator who stated they were aware Elevator #4 sometimes has some issues. The Administrator also stated they have been fixing the elevators anytime staff calls them. The Administrator further stated they were not aware that staff had gotten stuck in the elevators. The Administrator stated they have plenty of work orders and invoices to prove repairs are constantly ongoing. 10 NYCRR 415.29

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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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews the facility failed to ensure resident's and/or resident's representative were afforded the right to participate in the care plan process. This was evident for two (2) of four (4) residents (Resident #348 and Resident #349) reviewed for Care Planning out of 37 residents. Specifically, Resident #349 and Resident #348's representative were not invited to participate in all of their care plan meetings. The findings are: The facility policy titled Care Planning-Interdisciplinary Team dated 10/2025 and last revised date 08/2019 documented, the resident, the resident's family and/or the resident's legal representative/guardian or surrogate are invited and encourage to participate in the development of and revisions to the resident's care plan. Every effort will be made to schedule care plan meetings at the best time of the day for the resident and family. Resident #349 was admitted to the facility with diagnoses that included paraplegia and muscle spasms. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #349 was cognitively intact and participated in assessment and goal setting. On 12/11/2025 at 2:55 PM, Resident #349 was interviewed and stated they used to be invited to attend care planning meetings but has not been invited and has not attended in some time. a). The Team Meeting note dated 02/18/2025 documented meeting attendance included the following: Nursing, Social Services, Dietary, Recreation/Activities, and Resident #349. The Interdisciplinary Care Plan Attendance Sheet contained a signature for Resident #349. b). There was no Team Meeting note for the care plan meeting on 05/20/2025. The Interdisciplinary Care Plan Attendance Sheet dated 05/20/2025 did not contain a signature for Resident #349 or their representative, however there were signatures for Nursing, Certified Nursing Assistant, Minimum Data Set, Social Worker, Dietary and Activities. c). The Team Meeting note dated 08/04/2025 documented meeting attendance included the following: Nursing, Social Services, Dietary, Recreation/Activities, Minimum Data Set, and Resident #349. The Interdisciplinary Care Plan Attendance Sheet dated 08/04/2025 did not contain a signature for Resident #349 or their representative. d). The Team Meeting note dated 10/04/2025 documented meeting attendance included the following: Nursing, Social Services, Dietary, Recreation/Activities, Minimum Data Set, and Resident #349. The Interdisciplinary Care Plan Attendance Sheet dated 10/21/2025 did not contain a signature for Resident #349 or their designated representative. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/18/2025 at 9:55 AM, the Director of Social Services was interviewed and stated that for care planning meetings a letter should be sent out to family, and if the resident is cognitively intact, they are spoken to and invited to the meetings and given a letter also. The Director of Social Services also stated residents are invited to meetings every quarter or if there is a significant change. The Director of Social Services further stated there is an attendance sheet at each meeting which is signed by everyone in attendance including the resident. The Director of Social Services stated the care plan meeting notes are completed by nursing done in the electronic medical record. On 12/18/2025 at 1:21 PM, Nurse Manager #3 was interviewed and stated care planning meetings are an integrated meeting, but nursing does the note. Nurse Manager #3 also stated usually the signature sheet is distributed by the Social Worker at the meetings and sometimes the attendance sheet is not brought to the meeting, or they forget to have the resident sign. Nurse Manager #3 further stated there was no note completed for the meeting on 05/20/2025 as they were absent, so the person who was covering should have written the note. On 12/18/2025 at 2:01 PM, the Director of Nursing was interviewed and stated residents should be invited to attend all care planning meetings. the Director of Nursing also stated the nurse manager, or the social worker usually documents attendance at the meetings but sometimes the nurse does it, however this should be an interdisciplinary process. 2.Resident #348 was admitted with diagnoses which included Traumatic Brain Injury and Benign Prostatic Hyperplasia. The Quarterly Minimum Data Set, dated [DATE] documented Resident #348 has severely impaired cognition and participated in assessment and goal setting. On 12/11/2025 at 03:08 PM, an interview was conducted with Resident #348's representative who stated they do not receive any letters or a telephone call regarding care plan meetings. Resident #348's representative also stated the only form of communication they get is a text about the care plan meeting and sometimes it would be the day of the meeting or when the meeting was completed. Resident #348's representative further stated they had not attended meetings either in person or by telephone. a). The 'Interdisciplinary Care Plan Meeting Attendance' sheet dated 11/19/2024 documented Resident #348 lacks capacity, was invited and declined. The 'Interdisciplinary Care Plan Meeting Attendance' sheet also documented Resident Representative was invited and did not attend. b). The Care Plan Meeting letter dated 02/12/2025 documented a Quarterly Care Plan meeting on 02/18/2025. There was no documented evidence the letter was mailed to Resident #348's representative. The 'Interdisciplinary Care Plan Meeting Attendance' sheet dated 02/18/2025 documented Resident #348 lacks capacity, was invited and declined. The attendance sheet documented Resident #348's representative attended via telephone call. c). The Care Plan Meeting letter dated 05/13/2025 documented on 05/13/2025 a Care Plan Meeting letter was mailed out to Resident #348 family representative for a Care Plan Meeting taking place on 05/20/2025. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no evidence provided by the facility that the care plan meeting letter was mailed to Resident #348's representative. The Social Service Documentation note dated 05/13/2025 documented Social Work invited Resident #348's representative to the upcoming Annual Care Plan Meeting Schedule for 03/20/2025, which was not the meeting date indicated above, via email. There was no documented evidence that a care planning meeting was held for Resident #348 on 03/20/2025. The 'Interdisciplinary Care Plan Meeting Attendance' sheet dated 05/25/2025 documented Resident #348 lacks capacity, was invited and declined. Resident representative attended via telephone call. d). The Social Service Documentation note dated 08/19/2025 documented Social Work invited Resident #348's representative to an upcoming Quarterly Care Plan meeting scheduled for 03/20/2025, which was not the meeting date indicated above, via email. There was no documented evidence a care plan meeting was scheduled for 03/20/2025 or that Resident #348's representative was sent an email inviting them to the care planning meeting scheduled for 08/19/2025. The 'Interdisciplinary Care Plan Meeting Attendance' sheet dated 08/19/2025 documented Resident #348 lacks capacity, was invited and declined. The 'Interdisciplinary Care Plan Meeting Attendance' sheet also documented Resident #348's representative was invited and there was no response. e). The Social Service Documentation note dated 11/12/2025 documented Social Work invited Resident #348's representative to the upcoming Quarterly Care Plan Meeting scheduled for 11/18/2025 via email. An untitled document listing Resident #348's name, meeting date and meeting time as 11/18/25 1:30pm to 3pm, contained contact information to confirm attendance at the meeting. The boxes indicating 'given to resident' and 'mailed to Resident's Representative' were both checked and dated 11/18/25. There were no signatures from either Resident #348, or their representative affixed to this notice. The 'Interdisciplinary Care Plan Meeting Attendance' sheet dated 11/18/2025 documented Resident #348 lacks capacity. The 'Interdisciplinary Care Plan Meeting Attendance' sheet also documented Resident #348's representative was invited and there was no response. There was no documented evidence Resident #348's representative was sent an email with an attachment inviting them to the care planning meeting scheduled for 11/18/2025 or that Resident #348's representative was consistently invited to attend care planning meetings. On 12/16/2025 at 11:15 AM, an interview was conducted with Social Worker #3 who stated the process for inviting the family to the care plan meetings is they send out letters or emails and/or make telephone calls one week prior to the meeting. Social Worker #3 also stated they do not send text messages via telephone. Social Worker #3 further stated sometimes resident representatives attend via telephone. Social Worker #3 stated to confirm the process is followed they save the emails and take a photo of the letter they send out via regular mail and document in the electronic medical record system. (continued on next page)

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F 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/17/2025 at 03:00 PM, an interview was conducted with the Director of Social Work who stated they did not have full staff, and it was a strain to provide invitation letters to the resident's representatives. The Director of Social Work also stated that once the Minimum Data Set staff provide them with dates for the meetings, the corporate office and/or the social workers will generate the care plan invitation letters which is done at least two (2) weeks prior to the care plan meeting and followed up with a telephone call, and/or if there is an email address, an email will be sent out. The Director of Social Work further stated the invitation care plan meeting letters go out in regular mail and there is no way to determine if the letters went out and if the family/resident's representative received the letters. The Director of Social Work stated social workers are responsible for creating the letters, making sure the letters went out to the resident's representative, and following up with a telephone call. The Director of Social Work also stated if in three (3) days, there is no response from the resident's representative, a telephone call should go out to the resident's representative, and another letter should go out. The Director of Social Work further stated there is currently no way to confirm letters have been sent or received by residents or their representatives. On 12/18/2025 at 1:30 PM, an interview was conducted with the Director of Nursing who stated they are aware the care plan invitation process has not been working accurately and the documentation needs work. The Director of Nursing also stated the information for the meetings gets distributed to the families by telephone call, emails, and letters, and mostly through mostly email communication for the residents in neurobehavioral building. The Director of Nursing further stated email confirmation would have to be provided by the corporate office and was not readily available. The Director of Nursing stated social workers are responsible for following up with the family to make sure they have received the care plan meeting invitation and responded. 10 NYCRR 415.12(c)(2)(i-iii)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** Based on observations, record review and staff interviews conducted during the Recertification survey, the facility did not ensure a clean, comfortable, and homelike environment was maintained. This was evident on one (1) of seven (7) units (Unit 2 AB) in the neurobehavioral building. Specifically, resident's rooms were noted with broken and worn furniture, bed frames and legs with rust, discolored, streaked floors, television and dining room furniture in disrepair. The findings include but are not limited to: The facility's policy and procedure titled ?Home Like Environment' reviewed 9/1/2024 documented residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings. The facility policy and procedure titled ?Maintenance Services' dated 5/28/2025 documented the facility provides maintenance service to the facility, grounds and equipment.During observations of Unit 2 AB from 12/11/2025 at 10:30 AM to 12/18/2025 at 1:00 PM, the following were observed throughout the common areas, dining room and resident rooms but not limited to: 1. Dining Room:a. Dining room tables were heavily worn, noted with scratches, chipped and broken edges.b. Chairs with tears, ripped cushion, and with food stains on back rest and wooden legs noted with grime. c. Dining tables and chairs were all heavily worn and were mismatched.d. The accordion room divider was stained, soiled with dirt and dust.e. Dining room floors were discolored, had stains and brown scruff marks. f. Floor corners were embedded with grime and dirt.g. Dust and dirt build up noted on the radiators and metal vent grill.h. Three well steam tables noted with two indicator lights not functioning, the exterior was observed with smudges and dried food residue/grease, and inside the wells were observed with a buildup of minerals and rust. 2. Television Room a. Radiator without a cover and was exposed.b. Sofa couch noted with a broken frame and was sagging to the floor.c. Table surface damaged with scratches, markings and chipped edges. d. Chairs with ripped seat and back rest cushion.e. Floors observed with streaks and scruff marks. 3. room [ROOM NUMBER] had discolored floors with streaks, dusty privacy curtain, dusty windowsill, closets without locks. Bed frames, and legs heavily worn and had rust stains. 4. room [ROOM NUMBER] had closet noted with partially peeled sticker residue and was missing a lock, brown stains noted on the floors, bed frames, legs heavily worn with rust stains, rusty handrail, bathroom/shower stall floor tiles and wall tiles discolored and ingrained with grime. 5. room [ROOM NUMBER] had dresser with a missing drawer, closet with missing handles, air conditioning unit was layered with dust and was not firmly affixed to the ceiling, floors with streaks and brown stains. Bed frames, and legs heavily worn with rust stains. 6. room [ROOM NUMBER] had bed frames, and legs heavily worn with rust stains, torn damaged chair, closets with scruff marks, partially peeled sticker residues and there was no lock. Dusty privacy curtains, floors were uncleaned, brown stained. 7. Multiple rooms on the unit a. Floors were noted with discolored brown stains and scruff marks.b. Wooden closets were observed with scruff marks, scratches, sticker residue and were missing locks. c. Bed frames, and legs heavily worn with rust stains.d. Bathroom/shower stall tiles with grime. On 12/15/2025 at 9:40AM, Housekeeper #1 was interviewed and stated they are responsible for cleaning all resident rooms, bathrooms, and common rooms on Unit 2 AB. Housekeeper #1 also stated they have a daily cleaning routine which starts with sweeping, mopping floors of nursing station, staff lounge room, then they clean the toilets, sinks, shower stalls, wipe and dust windows, sweep and mop floors, and take garbage out for every resident room. Housekeeper #1 further stated they also wipe dining room tables, and clean floors in the dining room after every meal, and dust daily, clean windows and radiators. Housekeeper #1 stated they are notified of additional or emergency cleaning work via phone call or directly in person. Housekeeper #1 also stated no resident refuses to have their rooms cleaned, and the Certified Nursing Assistants will assist with removing resident items off the floor so rooms can be cleaned daily. Housekeeper #1 further stated they are aware of the issues (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	observed in the dining room and resident rooms, and while they do clean these areas daily, because of the condition of the building and furniture, they are still looking dull and not clean. Housekeeper #1 stated the previous Housekeeping and Maintenance Director was notified and was aware of these environmental concerns, but they do not know if the new director is aware of them. On 12/15/2025 at 9:55 AM, Maintenance Worker #1 was interviewed and stated all work requests are submitted electronically and once they are notified, the work can be done right away. Maintenance Worker #1 also stated they round on the units daily and address any issues reported to them during the rounding. Maintenance Worker #1 further stated they will fix any broken equipment or furniture that is reparable. Maintenance Worker #1 stated they have not receive any work request for the issues noted and observed by the State Surveyor. Maintenance Worker #1 also stated worn out furniture and structural damage that requires major constructions are addressed by administration. Maintenance Worker #1 further stated there were two sofa couches that were replaced about 6 months ago and resident dressers were replaced last year. Maintenance Worker #1 stated there is no maintenance logbook on Unit 2 AB, so all maintenance work is submitted electronically. and they were able to show the State Surveyor on their phone that there were no pending work requests for the identified concerns on the facility's application.On 12/15/2025 at 10:14 AM, Certified Nursing Assistant #3 was interviewed and stated any emergency issues with broken equipment is submitted electronically and any immediate cleaning is requested of housekeeping staff who is on the unit. Certified Nursing Assistant #3 also stated they will assist in removing items from the floor when floors are being cleaned by the housekeeper. Certified Nursing Assistant #3 further stated some bed frames, closets, dressers, and tables in resident rooms have been worn out for a while, but they have not seen any furniture replaced other than sunken or broken mattresses being replaced. On 12/17/2025 at 3:19 PM, all issues noted above in dining room, television room, and resident rooms on Unit 2 AB were observed with the Director of Maintenance and Housekeeping.On 12/17/2025 at 3:30 PM, the Director of Maintenance and Housekeeping was interviewed and stated housekeeping staff will checks supplies, clean bathroom sinks, toilets, shower stalls, mop and sweep floors, dust high and low areas, wipe all tables, and clean equipment. Privacy curtains are wiped or changed. The Director of Maintenance and Housekeeping also stated they address any work request submitted electronically, and do periodic inspection and maintenance of upholstered furniture, which includes checking for signs of wear and tear, repairing any damages, and replacing worn-out upholstery. The Director of Maintenance and Housekeeping further stated they are responsible to do rounding on the units and inspect ceiling tiles every week, cracks or damages to floors monthly, and checks for furniture with damage in resident rooms occasionally. The Director of Maintenance and Housekeeping stated they are also responsible to do monthly rounds of communal areas including dining/television room however, they are recently hired so they have not gotten to do their routine rounding in the neurobehavioral building. The Director of Maintenance and Housekeeping also stated they do not know if these inspections were being done prior to them starting, acknowledged the environmental/maintenance concerns, and stated they will need to do thorough inspection of every room and repair any identified issues.On 12/18/2025 at 12:20 PM, the Administrator was interviewed and stated the Director of Maintenance and Housekeeping does unit rounding every few days to look for malfunctioning equipment and broken furniture. The Administrator also stated the unit nurses also report environmental issues and requests work to be done, and furniture is replaced as necessary. The Administrator further stated their team has some work to do to fix these areas, and the team has already been discussing these concerns. 10 NYCRR 415.5(h)(2)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. Number of residents sampled: 4Number of residents cited: 1 Based on record reviews and interviews, the facility did not ensure a person-centered comprehensive care plan was developed and implemented to meet a resident's need. This was evident of one (1) of four (4) residents (Resident #6) reviewed for Care Planning out of 38 sampled residents. Specifically, a comprehensive care plan for bowel management was not developed for Resident #6 who had a history of constipation. The findings are:The policy titled ?Care Plan Comprehensive' created 10/2015 and revised 12/18/2024 documented interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment. The policy also documented identifying problem areas and their cause and developing interventions that are targeted and meaningful to the resident, are the endpoint of an interdisciplinary process.Resident #6 was admitted with diagnoses that included Cerebrovascular Accident, Malnutrition, and Depression. On 12/11/2025 at 3:40 PM, Resident #6 was interviewed and stated they have a long history of constipation and on occasion have to receive an enema or a laxative. The Physician's orders dated 10/11/2025 and revised 11/20/2025 documented Fleet Oil Rectal Enema Insert 1 application rectally as needed for constipationThe Physician's order dated 11/06/2025 and revised 11/20/2025 documented Docusate Sodium 100 MG give three capsules by mouth one time a day for bowel regimen. Hold for diarrhea.The Physician's order dated 11/11/2025 and revised 11/20/2025 documented Sennosides tablet 8.6 mg give three tablets by mouth in the evening for bowel regimen. Hold for loose bowel movement. There was no documented evidence a comprehensive care plan was developed to address Resident #6's bowel management. On 12/18/2025 at 1:22 PM, an interview was conducted with Nurse Manager #3 who stated Resident #6 has issues with constipation and is on a host of medications. Nurse Manager #3 also stated Resident #6 can be noncompliant with medications at times and has to be encouraged to take medications and drink extra fluids. Nurse Manager #3 further stated care plans are created based on the complaints of the resident, type of care they need and if they have medical issues. Nurse Manager #3 stated based on Resident #6's history of constipation they should have a care plan with interventions related to preventing complications. Nurse Manager #3 also stated they thought they had created a care plan for constipation, but they must have overlooked it. On 12/18/2025 at 2:01 PM, the Director of Nursing was interviewed and stated following the admission assessment, the first set of care plans are created. The Director of Nursing also stated the nurse managers on the unit then review the admission documents, medications, and diagnoses and initiate the appropriate care plans. The Director of Nursing further stated that they, along with the Assistant Director of Nursing, also review charts to ensure that any additional care plans that are needed are created based on other incidents or changes with the resident. The Director of Nursing stated they were not aware that a care plan for constipation had not been created for Resident #6. 10 NYCRR 415.11(c)(1)

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	335772	A. Building B. Wing	12/18/2025

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Number of residents sampled:6Number of residents cited:1 Based on observations, record review, and interviews, the facility did not ensure that a resident who was fed by enteral means received the appropriate treatment and services to prevent complications of enteral feeding. This was evident for one (1) of (six) 6 residents (Resident #184) reviewed during the Medication Administration task. Specifically, the functioning of the Gastrostomy tube was not verified prior to administration of medications to Resident #184. The findings are: The facility policy titled ?Enteral Tube Placement Verification' last revised 08/27/2025 documented placement verification of an established enteral tube will be confirmed utilizing bedside verification methods (examples external tube length, evaluation of gastric residual volume and/or power of hydrogen of gastric aspirate). The Licensed Nurse will verify placement of the enteral tube prior to each use including but not limited to feedings, flushes and medication administration by first measuring the length of the enteral tube and/or comparisons of the incremental marking on the enteral tube.Resident #184 had diagnosis which included Gastrostomy status, Dysphagia, and Altered Mental Status. The Quarterly Minimum Data Set assessment dated [DATE] documented Resident #184 had a feeding tube and received 51% or more of calories through tube feeding.The Physicians order dated 04/21/2025 last renewed 12/02/2025 documented to check the placement of gastrostomy tube before any administration.The nursing care plan with focus the resident requires tube feeding, related to Altered Mental Status, documented interventions that included to check for tube placement prior to administration. During an observation of Medication Administration on 12/16/2025 at 1:12 PM, Licensed Practical Nurse #1 administered medications to Resident #184 via a Gastrostomy Tube. Licensed Practical Nurse #1 did not verify functioning of the Gastrostomy Tube before administering the medication.Clinical Competency assessment dated [DATE] documented that Licensed Practical Nurse #1 had successfully checked the placement of gastrostomy tube prior to medication administration. On 12/16/2025 at 1:30 PM, the Licensed Practical Nurse #1 was interviewed and stated that they already checked the patency of the gastrostomy tube in the morning by flushing the tube with water and listening for bowel sounds with stethoscope at which time the tube was noted to be functioning. Residuals are checked after feeding but not prior to or after medication administration. The Licensed Practical Nurse #1 further stated that checking for placement of the gastrostomy tube involves listening for bowel sounds with the stethoscope prior to administration. The Licensed Practical Nurse #1 further stated that they have not been in-serviced on other methods of verifying the functioning of the tube. On 12/16/2025 at 2:51PM, the Nurse Manager #1 was interviewed and stated to confirm placement of the gastrostomy tube, the nurse should use the stethoscope to listen to bowel sounds. Nurse Manager #1 also stated residuals are supposed to be checked each time prior to giving medications and before starting feeding. Nurse Manager #1 further stated the gastrostomy tube can be misplaced, and so it is important that residuals are checked prior to administration of medications and before feeding. On 12/17/2025 4:06 PM, the Director of Nursing Services was interviewed and stated it is important to check for patency by flushing the tube and listening with the stethoscope for bowel sounds. The Director of Nursing Services also stated the functioning of the gastrostomy tube is verified by confirming placement, which is done by checking the length of the gastrostomy tube before medication administration and feeding. The Director of Nursing Services there are orders in place for nurses to check for placement prior to medication administration for residents with a feeding tube.On 12/17/2025 at 4:37 PM, the Regional Clinical Director was interviewed and stated they are a part of the policy committee who writes the policies for the facility. The Regional Clinical Director also stated in order to verify functioning of the gastrostomy tube, the tube is to be flushed with 15 milliliters of water to ensure patency, and placement is checked by monitoring the length of the tube and/or aspirating contents. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Regional Clinical Director further stated they understood the Licensed Practical Nurse #1 did not measure the length of the tubing prior to medication administration as the Licensed Practical Nurse #1 admitted they did not, and the length of the tube is to be measured prior to administration of medications to ensure there is no migration of the tubing. If there is migration of tube, the nurses are to hold and notify the physician. The Regional Clinical Director stated there are clinical assessments and annual competencies for nurses to ensure that they are up to date with their skills.10 NYCRR 415.12

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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. Based on observations, record review and staff interviews, the facility failed to ensure that food was served at an appetizing temperature during meal service. This was evident for one (1) of seven (7) neurobehavioral units (Unit 2 AB) out of total 13 units observed during Dining Observation. Specifically, food items served during lunch meal service were not maintained at palatable and appetizing temperatures. The findings are:The facility's policy and procedure titled ?Meal Service' reviewed 01/2023 documented individuals will be encouraged to receive their meals in the dining room. The policy also documented meals will be served promptly to maintain adequate temperature and appearance. The Meal Delivery Schedule Sheet documented lunch for Unit 2 AB was served at 12:00 PM. On 12/11/2025 at 12:08 PM, a dining observation was conducted on neurobehavioral unit 2 AB. Meals were observed served in a disposable lunch box and appeared unappetizing, and lukewarm in temperature.On 12/15/2025 at 11:11 AM, a test tray was requested for neurobehavioral Unit 2 AB.On 12/15/2025 at 11:30 PM, lunch meals were assembled, distributed to assigned tables until 12:00 PM. At 12:12 PM, residents entered the dining room and sat at their assigned table upon staff opening the dining room for meal service at 12:12 PM.On 12/15/2025 at 12:12 PM, test trays were conducted with the Food Service Director. It revealed the following: corn at 113 degrees Fahrenheit, ground chicken at 105 degrees Fahrenheit, mixed vegetables at 117 degrees Fahrenheit, chopped chicken at 103 degrees Fahrenheit, baked potato at 126 degrees Fahrenheit, and chicken tenders at 110 degrees Fahrenheit.On 12/18/2025 at 10:13 AM, Registered Nurse #2 stated the lunch truck arrives to the unit, is set up in the steam table and plated by the dietary worker. The dietary worker starts plating hot foods, while cold foods are assembled by two certified nursing assistants. Registered Nurse #2 also stated the nurse will do a final check of the foods with the individual ticket before meals are ready for service. The dining room is open for meal service once meals are all checked and distributed to assigned table. On 12/17/2025 at 11:55 AM, the Food Service Director stated hot foods should be held and served to residents at least at 140 degrees Fahrenheit. The Food Service Director also stated they are trying to keep hot foods around 165 degrees Fahrenheit on the steam table so that temperatures are maintained once they are plated, served, and ready for the meal. The Food Service Director further stated the process for the neurobehavioral units is that hot foods are delivered in an insulated food cart and set up in the steam table about 30 minutes prior to meal service. Hot foods are then dished out and set with cold food items on assigned table for residents, and then the dining room is open for all residents after all meals are plated and setup on the table. The Food Service Director stated hot foods should be served at least 140 degrees or above and cold food should be at 41 degrees or below in Fahrenheit. The Food Service Director acknowledged hot foods were not maintained at the appropriate temperature range for hot foods served on 12/15/2025. 10 NYCRR 415.14(d)(1)(2)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Based on observations and interview, the facility did not ensure it provided a safe, functional, sanitary, and comfortable environment for residents, staff and the public. This was evident for staff bathrooms and nurses station. Specifically, staff bathrooms and nursing stations were not maintained in a sanitary and comfortable manner. The findings are: The facility policy titled 'Maintenance Services' created 20/12 and revised 5/28/2025 documented the maintenance Department is responsible for maintaining the facility, grounds and equipment in a safe and operable manner. 1. During multiple observations of the environment conducted from 12/11/2025 to 12/18/2025 the following were observed: a). In the 1st Floor staff bathroom, the walls were in disrepair and were stained with a blackish, brown colored substance, the white metal trash bin on the wall had brown discoloration, and gray colored material exposed. b). In the 1st Floor Nurses Station, the blue colored drawers had brownish discoloration and drawers leaning out of the desk, and white paint located underneath the nurse's station thick with brown colored discoloration. c). In the 2nd floor Nurses Station, there was missing tile on the floor, the blue colored desk drawers were observed to be in disrepair and had brown discoloration. 2. During multiple observations of the staff bathroom on Unit 4 B from 12/17/2025 to 12/18/2025 the following was noted: a). The toilet tissue holder cover was hanging down exposing the toilet tissue. b). The soap dispenser was hanging off the wall. c). The toilet seat liner holder was broken and hanging at an angle. d). There were holes in wall above the hand towel dispenser. e). There were brown colored stains on the wall under the had towel dispenser. f). The shelf above the sink was dusty. g). The top of the mirror and the air vent were dusty. h). There were broken tiles on the floor under the sink. i). The base of the light fixture above the sink was dusty and detached on the right side. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/18/2025 at 2:33 PM, an interview was conducted with the Director of Maintenance and Housekeeping who stated they have been in the position for the past two weeks. The Director of Maintenance and Housekeeping also stated their responsibilities include making rounds on the units daily, ensuring toilets are functioning, hand sanitizer and soap is available, and all spaces are clean. The Director of Maintenance and Housekeeping further stated they had made rounds in the building and was working on compiling a list of things that need to be taken care of. 10 NYCRR 415.29