STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335775	A. Building B. Wing	12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bronx Gardens Rehabilitation and Nursing Center	2175 Quarry Rd Bronx, NY 10457

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 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during an abbreviated survey (Incident # 2646947), the facility did not ensure residents received adequate assistance consistent with resident's needs to prevent accidents. This was evident in one (1) out three (3) residents (Resident #1) sampled. Specifically, on 10/18/2025 at 8:30 AM, Resident #1, who required two (2) person assistance for bed mobility, fell off the bed onto the floor while Certified Nursing Assistant #1 was turning the resident by themself. Resident #1 was assessed with cuts and bleeding to their chin and forehead. Resident #1 was transferred to the hospital on [DATE] and was diagnosed with laceration to the left side of the head, left subdural hematoma (a collection of blood between the brain and its outermost covering), adjacent parenchymal hemorrhage (bleeding that occurs within the brains functional tissue), and hematoma to the left upper anterior scalp (a collection of blood between the skull and scalp). This resulted in actual harm that is not Immediate Jeopardy. The findings include:The facility's policy and procedure titled Activity of Daily Living dated 02/08/2023, documented that residents will be provided with care, treatment and services as appropriate to maintain or improve their ability to carry out activities of daily living. The facility policy also documented that appropriate care, and services will be provided for residents who are unable to carry out activity of daily livings independently, with the consent of the resident and in accordance with the plan of care including appropriate support and assistance. Resident #1 was admitted to the facility with diagnoses including Alzheimer's dementia, bipolar disorder, and diabetes mellitus.The Minimum Data Set (a resident assessment tool) dated 09/16/2025, documented Resident #1's cognition was severely impaired. Resident #1 was totally dependent on two (2) staff for bed-mobility (assistance of two [2] or more helpers is required for resident to complete activity.)The Resident Nursing Instructions/Kardex dated 04/15/2021 documented Resident #1 required one (1) person for bathing (bed-bath), two (2) persons physical assist for dressing, two (2) persons physical assist for personal hygiene, and two (2) persons physical assists for bed mobility.A Fall care plan dated 05/31/2025 documented fall prevention measures remained in place. The Fall care plan, last updated on 09/20/2025, documented interventions to continue safety measures and fall precaution. An Activity of Daily Living care plan dated 09/04/2025 documented interventions for two (2) persons assist for personal hygiene, dressing, and bed mobility. A nursing note, by Registered Nurse Supervisor #1 dated 10/18/2025, documented Resident #1 was observed in prone position at bedside nearby window. Resident was assessed with cut on forehead, chin, and left posterior side of the head. Resident was confused with no changes in range of motion. Nurse Practitioner notified and ordered Resident #1 to be transferred to the hospital. Nurse Practitioner was informed of the incident and ordered for resident to be transfer to the hospital for computer tomography scan and further evaluation.A Witnessed Fall Report (Accident/Incident) and Summary of Report dated 10/18/2025 at 8:30 AM documented Resident #1 was observed in a prone position next to their bed that was in the lowest position. Resident #1 was assessed with visible injuries on their forehead, chin, and on the left posterior side of their head. Resident #1 was provided first aid, next of kin and Nurse Practitioner notified with orders to send resident to the hospital for computer tomography scan (medical imaging test used to diagnose injuries) and for further evaluation. The facility investigated the fall and concluded that there is no evidence to support alleged abuse, neglect, exploitation or mistreatment may have occurred. According to the facility's investigation, Certified Nursing Assistant #1 failed to follow Resident #1's plan of care which indicates a need for one (1) staff assist for incontinent care and two-person (2) staff assist for bed mobility. Certified Nursing Assistant #1 performed bed mobility alone, failing to adhere to the established plan of care. A care plan for Activity of Daily Living dated 09/04/2025, last reviewed 10/29/2025, documented facility interventions include Personal Hygiene two (2)persons physical assist, Toilet Use one (1)person physical assist, bathing two (2)person physical assist, dressing two (2)person physical assist, bed mobility two (2)person physical assists.An Actual Fall care plan dated 10/18/2025, last updated on 10/24/2025, documented Resident #1 was transferred to the hospital and was admitted on [DATE] status post fall with active bleeding. A computed tomography scan was done and showed stable subdural hemorrhage. The resident was readmitted back to the facility on [DATE]. Resident #1 was moved closer to nurse station, maintained with low bed, and the staff were re-in-service for level of assistance during activity of daily living. The Resident Nursing Instructions/Kardex dated 10/21/2025 documented Resident #1 required two (2)person physical assist for bathing, dressing, personal hygiene, and bed mobility. They required one