

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335820	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/17/2026
NAME OF PROVIDER OR SUPPLIER Regal Heights Rehabilitation and Health Care Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 70-05 35 Avenue Jackson Heights, NY 11372	

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 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>Based on record review and interviews, the facility did not ensure it was administered in a manner that enables it to use its resources effectively and efficiently to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. The was evident during the review of Registered Nurse #8's employee file. Specifically, the facility failed to maintain proper oversight of the hiring process. Facility administration hired Registered Nurse #8 despite receiving an incomplete employment application and neglecting to complete pre-employment screenings and background checks. The findings are: The facility's policy and procedure titled, Abuse Prohibition, last reviewed 01/2023, documented all prospective employees will be screened prior to employment to rule out any history of abuse, neglect, or mistreatment of residents. Screening will include criminal background check as indicated, checking all pertinent references, validating credentials and verifying licenses as indicated, checking certified nursing assistant registry, and checking appropriate databases for fraud and/or abuse as indicated. The responsibilities listed in the facility's job description for Facility Administrator include, but are not limited to, to assure that appropriate identification documents are presented prior to the employment of personnel and that appropriate documentation is filed in the employee's personnel record in accordance with current regulations mandating such documentation, and to recruit and select competent department directors, supervisors, consultants and other auxiliary personnel.? Registered Nurse #8's employee file revealed that the Employment Application submitted on 05/04/2023 by Registered Nurse #8 was incomplete. Specifically, the answer for the question of if they have been convicted of a crime was left blank. The facility failed to ensure all fields in the application were completed. In addition, there was no evidence of record that Registered Nurse #8's previous employers were contacted, references were checked, and professional license was verified to be free of any enforcement actions. The facility failed to provide evidence conducting exclusion checks to identify if the individual was barred from working in federally funded health care programs due to fraud, abuse or other violations. Registered Nurse #8 was hired for the Interim Director of Nursing position by the facility. On 02/17/2026 at 10:40AM An interview was conducted with Administrator who stated they oversee the hiring process with the assistance of Human Resources Director. As per the Administrator, the Human Resources Director reviews the initial application paperwork for completeness and conducts background checks. All prospective staff, including licensed nurses, are subject to license and credential verification, as well as criminal background check for any enforcement on their license through the Office of the Professions; unlicensed staff are subject to criminal history record check. All staff will have pertinent references checked. Additionally, all applicants are checked for history of abuse, neglect, misappropriation, fraud, etc. through government databases (i.e. System for Award Management, Office of the Medicaid Inspector General, Office of Inspector General). The administrator confirmed screening procedures are required to determine if applicants are qualified and do not pose a risk to residents. The administrator</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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F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	stated Registered Nurse #8's application should have been checked to ensure the criminal history question was answered and that thorough backgrounds checks should have been conducted prior to hiring them. The Administrator stated that they don't know what the circumstances were at the time and could not provide any details of the screening procedures conducted for Registered Nurse #8. 10NYCRR 415.14(f)(3)(4)		