STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335820	A. Building B. Wing	02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Regal Heights Rehabilitation and Health Care Ctr	70-05 35 Avenue Jackson Heights, NY 11372

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review, and interview, the facility did not ensure that food was stored, prepared, distributed, and served in accordance with professional standards for food service safety to prevent foodborne illness. This was evident during completion of the facility Kitchen Task. Specifically, expired food items were observed in the refrigerator, employees failed to practice hand washing, kitchen equipment were observed to be dirty, the dishwasher was found to be operating without appropriate oversight, and food items were found inconsistent with safe temperature ranges. The findings include: The facility policy titled, Expiration and Disposal of Kitchen-Prepared Food Items, last reviewed 02/2026, documented that refrigerated foods must be maintained at or below 41 F and frozen foods must be maintained at or below 0 F. Additionally, dietary staff must conduct daily checks of all prepared food items. Items approaching their discard date must be clearly identified. All expired items must be removed immediately. Monitoring must be documented per department protocol. All prepared food items exceeding 3 calendar days must be discarded. Day 1 is the calendar day the item is prepared, and Day 3 is the discard date. The facility policy titled, Cleaning Fans, last revised 02/2026, documented that fans in the kitchen should be cleaned weekly and as needed. The facility policy titled, Dishwashing Procedures-Low Temp Dishmachine, effective date 02/2026, documented the dishwashing procedure including allowing the machine to run until wash temperature is 120 to 140 F and that the final rinse is completed with the low temperature chemical sanitizer. The procedure failed to address the calibration of the chemical sanitizer. The facility policy titled, Food Temperature Guidelines, last revised 02/2026, documented all meals are prepared and served within the appropriate temperature guidelines to ensure food safety. All meat will be cooked to 165 F. Hot meals are held on the steam tables at temperatures of at least 145 F. All cold items are maintained and stored at temperatures of 41 F or below. On 2/9/26 at 10:00 AM, an initial tour was conducted in the kitchen with the Dietitian and the Food Service Director. Among the dated foods in the refrigerator, ham was dated 02/02/2026 and turkey was dated 02/06/2026. Kitchen Aid #8 was observed holding the garbage can lid to throw out garbage and then proceeded to throw away garbage before returning to the refrigerator without performing hand washing. Two standing fans observed filled with dust. One walk-in freezer noted with fan vents with black mold on them. On 2/10/2026 at 2:37 PM during an observation in the kitchen, the low temperature dishwasher was noted to be utilizing sanitizer. There was no documented evidence of calibration testing of the sanitizer. On 2/11/2026 at12:26 PM, during tray line observation with Kitchen Aid #7, temperatures were noted: regular baked Chicken was 134 F, a tuna sandwich was 57 F, and apple juice was 44 F. On 2/10/2026 at 2:57 PM, the Food Service Director was interviewed and stated that the dishwashing machine temperature does not work very well. The Food Service Director was unable to detail the procedure of calibrating the sanitizer for the dishwasher. Furthermore, the Food Service Director stated that the facility would obtain the right testing supplies by the end of the week. On 2/11/2026 at 2:35 PM, Kitchen Aid #8 was interviewed and explained that they forgot to perform hand washing after using the garbage due to being very nervous. On 2/13/2026 at 9:59 AM, Kitchen Aid #7 was interviewed and stated that the hot food is supposed to be between 145 and 150 , and the cold food was supposed to be iced before serving (continued on next page)

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	starts. Kitchen Aid # 7 further stated because they were nervous, they left the cold items out without ice. 10 NYCRR 415.14(h)

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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 - Many	Keep all essential equipment working safely. Based on observations and interviews, the facility did not ensure kitchen equipment was maintained in a safe working condition. This was observed on one steamtable during kitchen review. Specifically, the steamtable was observed with rusty brown stains. The findings are: The facility policy titled, Cleaning Steamtables, last reviewed 01/2026, documented that steam tables are to be cleaned daily and as needed. On 2/10/2026 at 3:15 PM, during a tour in the kitchen, a steamtable was observed with rusty brown stains coming up from the base of the steamtable. The hot water used for the steamtable covered the stained sections and looked discolored. On 2/10/2026 at 3:26 PM, the Food Service Director was interviewed and stated that the facility is aware of the steam table's condition and have had conversations about it. The Food Service Director further stated that the steamtable needs to be changed. 10 NYCRR 415.29

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on record review and interviews, the facility did not implement written policies and procedures for screening employees that would prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property. Specifically, the facility did not ensure a complete criminal background check was conducted for Registered Nurse #8. The facility failed to provide documented evidence that it verified Registered Nurse #8's professional license to be free of disciplinary actions, checked previous employers and three (3) references, or completed comprehensive background checks to uncover their criminal history prior to employment. Findings are: The facility's policy and procedure titled, Abuse Prohibition, last reviewed 01/2023 documented all prospective employees would 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. Registered Nurse #8's file was reviewed onsite. The Employment Application submitted 05/04/2023 by Registered Nurse #8 revealed the answer to the question addressing if they had been convicted of a crime had been left blank. The facility failed to ensure that the employment application was fully completed prior to hire. In addition, the facility failed to provide evidence of record that Registered Nurse #8's previous employers were contacted, and references were checked for any history of abuse, neglect, exploitation, and misappropriation of resident property. There was no evidence that Registered Nurse #8's professional license was verified to be free of any enforcement actions. There was no indication that exclusion checks were carried out to identify if the individual was barred from working in a federally funded health care program due to fraud, abuse or other violations. The facility hired Registered Nurse #8 for the position Interim Director of Nursing. On 02/12/2026 at 12:52 PM, an interview was conducted with the Human Resources Director over the phone, and they stated that they are responsible for coordinating and facilitating all activities in the staff recruitment process. They confirmed their role includes ensuring that applicants submit required information in the application and necessary documents for the job position. The Human Resource Director will review the submitted application for completeness, ensuring all required information is submitted including applicant signature. They will then verify applicants' professional license to ensure the license is active and clear of any enforcement. They also check databases, as appropriate to the respective roles, to identify individuals with any history of abuse, misappropriation, fraud, etc. that may need to be further investigated. The Human Resource Director stated they were not working at the time Registered Nurse #8 was hired, and they do not know why the previous Human Resource Director processed the application without the criminal history information completed and if required background checks were conducted at that time.^^ 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 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 (continued on next page)

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and could not provide any details of the screening procedures conducted for Registered Nurse #8. 10 NYCRR 415.4(b)(1)(ii)

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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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interview, the facility did not ensure that a resident who required dialysis received services consistent with professional standards of practice. Specifically, physician's orders related to post-dialysis treatment to remove dressing on resident's permcath (a catheter inserted into a vein to use for dialysis treatments) 24 hours post-dialysis were not implemented. This was evident in one (1) resident (Resident #18) reviewed for dialysis out of a total of 38 sampled residents. The findings are:The facility policy for, Hemodialysis Access Care, dated 07/2025, documented that, hemodialysis devices may only be accessed by medical personnel who have received training and demonstrated clinical competency regarding use of these devices. Care immediately following dialysis treatment: - The dressing change is done in the dialysis center post-treatment; If dressing becomes wet, dirty, or not intact, the dressing shall be changed by a Licensed Nurse; The dressing can be removed after 24 hours post dialysis if there are no complications.Resident #18 was admitted with diagnoses that included Anemia, Hypertension, Renal insufficiency, and renal failure/End Stage Renal Disease.The Quarterly Minimum Data Set (MDS) dated [DATE] documented that the resident has moderate impairment in cognition and requires substantial/partial/moderate assistance of staff for most activities of daily living. Minimum Data Set also documented that resident is on dialysis.The Comprehensive Care Plan (CCP) for Dialysis dated 07/02/2024 and last revised 01/15/2026, documented that resident needs dialysis related to renal failure. Goals included Resident will have no signs or symptoms of complications from dialysis x 90 days. Interventions listed included: assess for alteration in mental status, muscle weakness, fatigue, irritability, confusion, delusions, hallucinations, check and change dressing daily at access site, monitor vital signs pre- and post-dialysis and notify physician of significant abnormalities, monitor/document/report any signs or symptoms of infection to access site.Physician's order dated 06/28/2024 documented: Hemodialysis on Monday, Wednesday. Friday at 2:35 PM.Physician's order dated 07/14/2025 documented Hemodialysis AV shunt: Remove Dressing 24hrs post-dialysis every day and evening shift every Tuesday, Thursday, Saturday.On 02/09/2026 at 12:01 PM, Resident #18 was observed in room; resident's dialysis shunt on left hand appears reddened with moisture, consistent with signs or symptoms of risk of infection. Resident #18 was interviewed and stated that they go to dialysis on Mondays, Wednesdays, and Fridays at 2:00 PM and return around 6:00 PM; Resident #18 stated that they always remove the dressing placed at dialysis by themselves when they get back to facility, and the staff don't apply any dressing on return.There was no documented evidence that Resident #18 had received education on dressing remaining in place for 24 hours after dialysis treatment.Resident's Comprehensive Care Plan for Behavior dated 03/21/2025 and last updated 01/23/2026, was reviewed, there was no documented evidence in the care plan that Resident #18 has been self-removing dressing from the dialysis access site against Physician order and resident's plan of care.The staff did not ensure that Physician's Order for removal of dressing after 24 hours were followed, and appropriate infection control protocol was not followed as per resident's plan of care. There was no documented evidence that the Physician was notified that resident has been removing the dressing by themself.On 02/12/2026 at 12:17 PM, Registered Nurse #1 was interviewed and stated that Resident #18 goes to dialysis Monday, Wednesday and Friday, picked up around 2:00 PM and returns about 6:00 PM. Resident's vital signs are checked prior to dialysis and logged in the dialysis book, and the evening Nurse checks the dialysis shunt on return. Registered Nurse #1 stated that when the resident returns from dialysis, the evening nurses are expected to check the dialysis shunt site and remove the dressing. Registered Nurse #1 could not explain why the dressing was not applied at the time of interview. On 02/12/2026 at 12:20 PM, Registered Nurse #1 was observed assessing Resident #18's shunt and reported that the site was noted with some drainage, and was told by the Resident that the dressing was self-removed when resident returned (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	from dialysis. There was no documented evidence in the resident's chart that resident has repeatedly removed the dressing by themself. Registered Nurse #1 could not state the specific time that the dressing on the shunt should be removed.On 02/13/2026 at 9:39 AM Registered Nurse #2 was interviewed and stated that when the resident comes back from dialysis on evening tour, they check the resident's vital signs, the dialysis shunt site for bleeding and bruit, and they were to remove the dressing applied to the site from dialysis center. Registered Nurse #2 stated most of the time, the resident would have removed the dressing as soon as resident returned from dialysis prior to the vital signs check. Registered Nurse #2 stated that they have been educating the resident to leave the dressing on until next day, but Resident has not been compliant despite education given to the resident. There was no documented evidence in resident's chart that resident has been self-removing the dressing on the dialysis shunt, and there is no documented evidence of education given to the resident.ˆOn 02/17/2026 at 10:08 AM, the Director of Nursing was interviewed and stated that they were not aware that Resident #18 has been removing the dressing by themself when returning from dialysis. The Director of Nursing stated that the nurses on the unit should have been documenting the residents' behavior in the 24-hour report for it to be captured and updated on the resident's non-compliant care plan. The Director of Nursing further stated that they are surprised that the nurses on the unit are not documenting properly despite constant reminders and education given to them.10 NYCRR 415.12