STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews conducted during the Recertification Survey from 01/02/2025 to 01/08/2025, the facility did not ensure that residents' comprehensive care plans were reviewed and revised by the interdisciplinary team after each assessment and as needed. This was evident in 2 of 22 sampled residents (Residents #35, #18). Specifically, 1.) Resident #35's care plan related to Smoking was not reviewed and revised quarterly after each assessment, and 2.) Resident #18's care plan was not reviewed and revised after a fall occurrence. The findings are: The facility policy and procedure titled Care Plans Comprehensive with a last revised date of 08/02/2024 documented that a comprehensive person-centered care plan that includes measurable objectives to meet the resident's physical, psychosocial, and functional needs is developed and implemented for each resident. The interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition, the desired outcome is not met, and at least quarterly, with a scheduled quarterly minimum data set assessment. 1). Resident #35 was admitted with diagnoses that include Diabetes Mellitus, Seizure Disorder, and Depression. The quarterly Minimum Data Set assessment dated [DATE] documented Resident #35's cognition was intact. The annual Minimum Data Set assessment dated [DATE] documented that Resident #35 uses tobacco. A care plan related to Smoking was initiated for Resident #35 on 10/17/2019. The care plan documented that Resident #35 is a smoker and uses a cigarette holder during smoke sessions. The interventions include educating the resident on the benefits of the smoking cessation program, the rules/ policy, designated smoking areas, and that they will be regularly assessed for safety. The care plan was last revised on 03/08/2023. There was no documented evidence that the comprehensive care plan related to Smoking was reviewed and revised after each quarterly review assessments dated 01/13/2024, 04/14/2024, 07/15/2024, and 10/15/2024. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/08/2025 at 11:58 AM, Registered Nurse #1, who was the unit manager, was interviewed. Registered Nurse #1 stated that Resident #35 is a smoker and smokes in the smoking room. Registered Nurse #1 stated that the overnight nursing supervisor is responsible for updating the care plans. They stated that it is not documented that the care plan has been reviewed and revised. On 01/08/2025 at 12:16 pm, the Recreation Director was interviewed and stated that the nurse is responsible for initiating and updating the smoking care plan. On 01/08/2025 at 12:24 PM, the Director of Nursing was interviewed and stated that care plans are updated quarterly and as needed. The Unit Managers, Nursing Supervisors, and the Minimum Data Set Coordinator are responsible for updating the care plan. 2). Resident #18 was admitted to the facility with diagnoses that include Coronary Artery Disease, Arthritis, and Asthma/Chronic Obstructive Pulmonary Disease. On 01/02/2025 at 11:23 AM, Resident #18 was interviewed and stated they fell before admission and also fell in the facility one time shortly after admission. The admission Minimum Data Set assessment dated [DATE] documented that Resident #18 had intact cognition and had impairment on one side of upper extremity. The assessment documented the resident required substantial/partial/moderate assistance and was dependent on staff for most activities of daily living. The care plan for fall dated 11/16/2024 documented that Resident #18 was at risk for falls/ had an actual fall related to deconditioning, gait/balance problems. A Registered Nurse Narrative Assessment note dated 11/18/2024 at 5:34 AM documented Resident #18 was observed sitting in wheelchair at nursing station and wheeled to the room by a Certified Nursing Assistant, where resident attempted to rise from wheelchair without applying the brakes. The note documented that at approximately 11:20 PM, Resident #18 was observed sitting on the floor on the left side of the bed. Resident had no injury noted on assessment, no complaint of pain or discomfort. There was no documented evidence that Resident #18's comprehensive care plan was reviewed and revised after the fall occurrence. On 01/07/2025 at 11:30 AM, Licensed Practical Nurse #1 was interviewed and stated that Resident #18's fall that occurred in November should have been documented and updated in the resident's care plan for fall. On 01/08/2025 at 11:30 AM, the Director of Nursing was interviewed and stated that a resident's comprehensive care plan is initiated and updated by the Unit Manager. The Director of Nursing also stated that the Minimum Data Set Coordinator also ensure that residents' care plans are in place, and they are expected to review the resident's care plan quarterly and ensure that appropriate care plans are implemented for the residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 01/08/2025 at 12:20 PM, Minimum Data Set Coordinator was interviewed and stated that the Registered Nurse Managers are the ones that initiate and update the care plans. They stated that they make sure they do a quick review to check if there are missing care plans or if there is any care plan that needs to be updated and send the findings to the Director of Nursing or the Administrator. 10 NYCRR415.11(c)(2)(i-iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observations, record review, and interviews conducted during the Recertification Survey from 01/02/2025 to 01/08/2025 the facility did not ensure the daily nurse staffing information included all the required information. Specifically, the daily posting of nurse staffing information did not include the actual number of hours worked by the licensed and unlicensed nursing staff directly responsible for resident care. This was evident during the review of the Staffing Task. The findings are: The facility policy and procedure titled Staffing- Posting of Hours, Payroll Based Journal Submission with a last revised date of 10/2022 documented staffing posting should include the facility name, current date, resident census, facility specific shift scheduled for the 24 hour period and the number and actual hours worked by the following categories of nursing staff employed or contracted by the facility directly responsible for resident care per shift: Registered Nurses, Licensed Practical Nurses and Certified Nurse's Aides. During multiple observations from 01/02/2025 through 01/07/2025, nurse staffing information was posted in the lobby near to the entrance of the building. The information that was documented on the form included the facility name, current date, number of nursing staff working and resident census. There was no documentation of the actual hours worked by the nursing staff. On 01/07/2025 at 11:42 AM, the Staffing Coordinator #1 was interviewed and stated they are responsible for posting the staffing schedules but was unaware that actual hours worked by nursing staff daily had to be listed. On 01/07/2025 at 11:52 AM, the Director of Nursing #1 was interviewed and stated that the total number of actual hours worked by nursing staff should be included in the nursing staffing information. 10 NYCRR 415.13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 interviews conducted during the Recertification Survey from 01/02/2025 to 01/08/2025, the facility did not ensure that food was stored, prepared, distributed and served in accordance with professional standards for food service safety. This was evident during the kitchen observation. Specifically, 1.) The walk-in refrigerator contained undated items. 2.) A unit refrigerator contained spilled liquids and undated fruit cups and open drinks items. The findings are: The facility's policy titled Food Storage with a revision date of 05/10/2024 documented that food will be stored in an area that is clean, dry, and free from contaminants, stored at appropriate temperatures, and by methods designed to prevent contamination or cross contamination. All refrigerator units will be kept clean and in good working condition at all times. Perishable foods such as meat, poultry, fish, dairy products, fruits, and vegetables must be stored in the refrigerator immediately after receipt to assure nutritive value and quality. All food should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their safe use by date or discarded. Leftover food items will be stored in covered containers or wrapped carefully and securely. Each item will be clearly labeled and dated before being refrigerated. The undated facility's policy and procedure titled Food Storage Policy Quick Reference that was posted on the walk-in refrigerator documented: Sliced Deli Meat - date the day sliced - use by 2 days; Eggs - date the day received - use by 2 weeks of delivery; and Prepared Foods - date the day prepared - use by 2 days. The facility's policy and procedure titled Food-From Outside with a reviewed date of 06/01/2024 documented that all refrigerated foods will be discarded within 48 hours. Nursing staff will monitor the pantry refrigeration units for food and beverage disposal. The nursing staff will discard perishable foods on or before the discard date. 1.) On 01/02/2025 at 9:17 AM, an initial kitchen observation was conducted with the Dietary Director and the following were observed: 5 trays (24 per tray) of unpackaged eggs that were undated, 4 undated bologna and cheese sandwiches, 1 open 5-pound container of peanut butter undated, the expiration date was unreadable. On 01/02/2025 at 9:35 AM, the Dietary Director was interviewed and stated that there should be dates on all refrigerated items; there should be a preparation date, open date, or the date the item was refrigerated. All these items should have been dated prior to storing the food in the refrigerator so they can be discarded within 48-72 hours. The Dietary Director further stated that it is their responsibility to ensure that all refrigerated items are labeled with dates. 2.) On 01/02/2025 at 10:39 AM, the South Unit refrigerator was observed with spilled tan colored liquid on the bottom, two 4-ounce cups of facility prepared peaches that were undated and one 64-ounce cranberry juice that was open and undated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Registered Nurse #1 was interviewed and stated that all food should be clearly dated with the resident's name and date before it is placed in the refrigerator, all liquids should be dated with the opened date, and the refrigerator should have no standing liquids in the bottom as was observed. They stated that housekeeping cleans the unit refrigerator daily, but all the nurses on the floor should ensure contents of the refrigerator are correctly labeled and dated and discarded within 72 hours. On 01/06/2025 at 10:20 AM, the Associate Administrator was interviewed and stated that all food should be dated, sandwiches need a preparation date, and fruit cups and eggs should be dated if removed from the original containers with expiration dates on them. They stated that the peanut butter should be labeled with the date the jar was opened and then discarded on the manufacturer's expiration date. The Associate Administrator further stated that all dated food should be discarded in 48 hours. 01/07/2025 at 08:10 AM, the Director of Nursing Services was interviewed and stated that the nursing staff should discard any food or liquid found in the unit refrigerators that is not dated. They stated nursing supervisors are to ensure that this is performed daily during rounds and housekeeping should be notified if the refrigerator needs to be cleaned. 10 NYCRR 415.14(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews conducted during the Recertification Survey from 01/02/2025 to 01/08/2025, the facility did not ensure infection control practices and procedures were maintained to provide a safe and sanitary environment to help prevent the development and transmission of communicable diseases and infections. Specifically, 1.) Infection prevention and control practices were not maintained during medication administration. This was evident in 1 of 3 nurses observed for medication administration. 2.) Staff failed to assist residents with hand washing or hand hygiene before meals. This was evident in 2 of 2 units observed during meals. 3.) A resident's urinary drainage bag was observed touching the floor. This was evident in 1 (Resident #4) of 3 residents reviewed for Urinary Catheter out of 22 sampled residents. The findings are: 1.) The facility's policy titled Infection Prevention and Control Program with a last revision date of 05/30/2024 documented that the facility adheres to an Infection Prevention and Control Program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. On 01/02/2025 at 12:54 PM, during medication administration observation, Licensed Practical Nurse #1 was observed administering Resident #3's finger stick blood sugar. Licensed Practical Nurse #1 placed the glucometer and insulin pen on Resident #3's blanket prior to checking the resident's blood sugar. The nurse then took the glucometer from the blanket, and without sanitizing, used it to check the resident's blood sugar. The nurse then took the insulin pen from the resident's blanket and without sanitizing, drew the units to inject to the resident. Licensed Practical Nurse #1 was interviewed and stated they should have used the resident's overbed table to place the glucometer and insulin pen. Licensed Practical Nurse #1 stated they usually use the table and a barrier to place the equipment, but the resident was using the table to eat, that was why they placed it on the resident's blanket. On 01/08/2025 at 11:39 AM, the Director of Nursing was interviewed and stated that the Nurse should know better that the glucometer and resident's insulin should not be placed on the resident's bed. 2.) The facility policy titled Hand Hygiene with a revision date of 05/30/2024 documented the facility adheres to recommendations by the Center for Disease Control for the practice of hand hygiene in accordance with standard, enhanced barrier, and transmission-based precautions. The facility provides access to necessary supplies for hand hygiene for healthcare personnel, residents, and visitors. Hand hygiene facilities including sinks with soap, running water, disposable paper towels and alcohol-based hand rub are accessible in resident care areas and other areas of the facility as necessary. Residents are assisted with and or reminded to perform hand hygiene before and after meals and as needed or requested. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 01/02/2025 at 12:13 PM, during dining observation of the North and South units, Certified Nursing Assistants #2, #3, #4, and #5 were observed delivering and setting up meal trays in residents' rooms (Residents #41, #37, #72, #17, #54, and #24). The Certified Nursing Assistants did not assist the residents with hand hygiene, nor did they provide reminder to the residents to perform hand hygiene or wash their hands prior to eating lunch. Certified Nursing Assistant #2 was interviewed and stated they were supposed to give out sanitizing wipes to the residents with the meal trays, but they forgot to put wipes in the cart. Certified Nursing Assistant #3 and #4 were interviewed and both stated they were supposed to wash the residents' hands or use wipes if residents are unable to wash their own hands, but they forgot to provide the wipes. Certified Nursing Assistant #5 was interviewed and stated they thought someone else was doing the residents' hand hygiene prior to them delivering the meal trays. On 01/07/2025 at 08:19 AM, The Director of Nursing Services was interviewed and stated that the Certified Nursing Assistants are to provide sanitizing hand wipes to residents or assist the residents in sanitizing their hands prior to eating. 3.) The facility policy titled Urinary Catheter Guidelines with a last revision date of 09/11/2023 stated not to position urinary catheter drainage bag on the floor. On 01/06/2025 at 09:55 AM and at 10:18 AM, Resident #4 was observed lying in bed with their urinary catheter drainage bag and tubing touching the floor. Resident #4 was admitted to the facility with diagnoses of Unstageable Pressure Ulcer of Sacral Region, Vascular Dementia, and Muscle Weakness. The Minimum Data Set assessment dated [DATE] documented that Resident #4 was cognitively impaired and was dependent in all activities of daily living, had a urinary catheter, and always incontinent of bowel. The physician orders dated 11/14/2024 documented indwelling catheter with 30 milliliter balloon, French 16, to change every 30 days to promote healing of pressure ulcer. The physician orders also included catheter care every shift. On 01/06/2025 at 10:19 AM, Licensed Practical Nurse #3 was interviewed and stated that the catheter tubing and drainage bag touching the floor is not a good practice. Licensed Practical Nurse #3 stated that the urine can backflow and go back up into the bladder which is an issue. They stated there is also an issue with sterility as catheter tubing and drainage bags should not be touching the floor putting the resident at risk for infections. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335048	A. Building B. Wing	01/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Williamsbridge Center for Rehabilitation and Nrsg	1540 Tomlinson Avenue Bronx, NY 10461

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 01/06/2025 at 10:24 AM, Registered Nurse #1, who was the unit manager, was interviewed and stated that catheter tubing and bag touching the floor is an infection control issue. Registered Nurse #1 stated that all staff are aware that the catheter should be off the bed hanging below the level of the bladder without touching the floor. Registered Nurse #1 stated this is a very serious infection control issue particularly if a resident has a urinary tract infection as the urine can travel back up into their system. The bag touching the floor can introduce other types of bacteria into the catheter. On 01/07/2025 at 11:52 AM, the Director of Nursing was interviewed and stated that the catheter bag and tubing touching the floor was an unintentional act, and that it was a result of the staff putting the bed in the lowest position. The Director of Nursing stated that it was a breach in infection control. 10 NYCRR 415.19 (a) (1-3)