

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/01/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/23/2024
NAME OF PROVIDER OR SUPPLIER Cypress Garden Center for Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 139 66 35th Avenue Flushing, NY 11354	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observations and staff interviews during the re-certification survey, the facility did not ensure that the residents' environment was maintained in a safe, sanitary, and comfortable manner. Specifically multiple observations were made of resident equipment layered with dirt and dust, room furniture heavily worn and torn seat cushion, room walls with streaks and stains, ice machines covered with rust stains, floor corners embedded with grime and dirt, base of dining room tables heavily worn and rust stains, nurse station area floor and walls layered with dirt and dust and entangled loose wires, torn or stained privacy curtains. This was evident for 3 of 7 units. (Units: 3, 4 and 6).</p> <p>The findings are:</p> <p>The facility policy titled, Homelike Environment, dated 06/18/24 documented, It is the policy of the facility to ensure that all residents live in an environment that is clean and neat with appropriate furnishings and in good repair.</p> <p>Upon the initial entrance to the facility on [DATE] at approximately 9:00 AM and subsequent observations during the recertification survey the following environmental issues were observed:</p> <p>A) 3rd floor:</p> <ol style="list-style-type: none">1. Patient Toilet room located across the Day Room with the right sided over the toilet seat handle bar cracked and broken. Stained and dirty bathroom wall tiles.2. Rusty Ice Machine located in the Day Room. Rusty Ice Machine brackets3. Dirty and dusty base of blood pressure machines.4. Dirty and dusty base of thermometer stand.5. 6 dining room tables base and stand heavily worn and rusty.6. Uneven and wobbly dining room tables.7. Air conditioners in dining room layered with dust and dirt. <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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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>8. Floor corners in dining room area embedded with dirt and debris.</p> <p>9. Corridor resident scale layered with dirt and dust.</p> <p>B) 4th floor:</p> <p>Dining Room:</p> <p>1. 2 of 2 air conditioners layered with dust and dirt.</p> <p>2. 1 of 2 air conditioners with broken slats and exposing the filter.</p> <p>3. Floor corners embedded with ground in dirt and debris</p> <p>4. Wall tiles underneath sink stained and dirty</p> <p>Dining room door with chipped and falling orange paint.</p> <p>1. room [ROOM NUMBER] a: rusty and heavily worn base to tray table.</p> <p>2. Room chair with torn cracked seating.</p> <p>3. Torn wall paper.</p> <p>4. Bedside two drawer bedside table heavily worn and heavily stained with built in dirt and grime.</p> <p>C) room [ROOM NUMBER] P:</p> <p>1. Loose cable wires over the inside room door.</p> <p>2. Bedside two drawer bedside table heavily worn and heavily stained with built in dirt and grime.</p> <p>D) room [ROOM NUMBER] b:</p> <p>1. Torn mesh privacy curtains.</p> <p>2. Air conditioner layered in dust and dirt.</p> <p>3. Rusty base to tray table heavily.</p> <p>4. Floor corners embedded with dirt and debris.</p> <p>E.) Base of blood pressure stand and thermometer stand layered with accumulation of dirt and dust.</p> <p>F.) room [ROOM NUMBER] a:</p> <p>1. Cracked and dirty tiles under room sink.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>2. Torn wall paper.</p> <p>3. Loose cable wires at base of room end table.</p> <p>4. Bedside two drawer bedside table heavily worn and heavily stained with built in dirt and grime.</p> <p>G.) 6th Floor:</p> <p>1. room [ROOM NUMBER]b: ground in dirt on floors and corners of floors.</p> <p>2. Stained dirty walls by air conditioner</p> <p>H.) room [ROOM NUMBER]a:</p> <p>1. Walls stained and streaked.</p> <p>2. Floor accumulation of dirt and dust.</p> <p>On 09/23/24 at 10:32 AM the 4th floor Housekeeper #1 was interviewed and stated, that they have a daily routine for completion of their assigned tasks. They sweep, mop and use the buffer machine on their assigned floors, including wiping down walls, resident equipment and dining room tables if they need cleaning. As a routine they clean all room and corridor floors. However, the dining room tables are cleaned by the nursing staff. If I notice that walls are stained or dirty I will wipe them down. The nursing station is swept and mopped if the area not occupied by the nurses. If I notice that there is an area that needs repair I will notify the maintenance department. If the privacy curtains need to be replaced I first notify my supervisor before a replacement is done.</p> <p>On 09/23/24 at 11:12 AM 3rd floor Housekeeper #2 was interviewed and state they report on their daily routine for cleaning their assigned units. We also have a Bathroom [NAME] who is responsible for the cleaning of the toilet bowls and replenishing paper towels. If there is a maintenance problem I will let the unit nurse know and they submit an email to the department. The nurses station gets cleaned, but it is usually busy with the nursing staff and hard to get to at times.</p> <p>On 09/23/24 at 12:27 PM the Housekeeping Supervisor was interviewed and stated, that their role included overseeing the Housekeeping staff to ensure that their daily assigned tasks are being done. Daily rounds are made to ensure the environment is kept clean for the residents. My staff are to be dusting high and low areas, like the bedframes and the top of overhead light fixtures. I check for dust, garbage overflow in rooms and corridors. Every month the privacy curtains are automatically changed and immediately of soiled. The nurses station is swept and spot mopped if no one is sitting at the nurses station. The IV poles and feeding pumps and blood pressure machines and scales are to be wiped and cleaned. I sometimes wipe them clean myself if I see that it is needed and speak to the staff as well.</p> <p>(continued on next page)</p>		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Interview with the Director of Housekeeping and Maintenance Department on 09/23/24 at 01:00 PM stated that their role is to oversee the Housekeeping and Maintenance Departments to ensure that residents and staff have a clean and safe environment. I make daily rounds to ensure staff are keeping up and completing their work assignments. I speak to residents and staff from time to time about any environmental concerns they may have. We have an electronic software system in place that the nurses have access to and submit environmental concerns. I check the software system several times a day. When I make my rounds I observe for cleanliness and safety of rooms, corridors, bathrooms, common areas and dining rooms. I am responsible for the safety of the entire facility. If there are issues that I have come across when making my rounds. I will talk to my staff to correct the problem. The nurses station is difficult to clean at times because the nurses are busy at the nurses station. Floors 3, 4 , 5 and 7 have no cable access. We have only antennas therefore the TV wires in the room are extended as close to the window as possible. I have a plan to repair or replace the Lobby floor tiles. It is a big job and needs to be done mostly at night. I have a plan to fix this and we just recently just patched it up.</p> <p>On 09/23/24 at 01:47 PM the Administrator was interviewed and stated that proposals are being made for concealing the TV wiring in resident rooms. We are slowly replacing or upgrading air conditioners and tray tables. There is plan to continue to repaint and repair areas of concern and will continue to keep the residents environment safe clean and homelike.</p> <p>10NYCRR 415.5(h)(1)</p> <p>44864</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44864</p> <p>Based on observation, record review and staff interviews conducted during the Recertification survey from 9/16/2024 to 9/23/2024, the facility did not ensure that a Comprehensive Care Plan was reviewed and revised by the interdisciplinary team after each assessment. Specifically, the care plan related to Communication: vision/hearing, was not revised based on a resident's need for a hearing aid. This was evident for 1 (Resident #207) of 3 residents reviewed for Communication' vision/hearing, out of 38 total sampled residents.</p> <p>The findings are:</p> <p>The facility's policy titled Comprehensive Care Plan, last reviewed 2/12/24, documented that each resident's comprehensive care plan shall be reviewed and updated by the interdisciplinary team as per the Minimum Data Set 3.0 schedule, quarterly, annually, significant change in condition, and if the resident's condition warrants it.</p> <p>Resident admitted to the facility with diagnoses that include Depression and Anxiety Disorder.</p> <p>On 09/16/24 at 10:58 AM, Resident #207 was interviewed and stated to the state surveyor to come closer and speak louder since Resident #207 does not hear well.</p> <p>Resident admitted to the facility with diagnoses that include Depression and Anxiety Disorder.</p> <p>The quarterly Minimum Data Set, dated dated dated [DATE] documented that resident's cognition was intact, adequate hearing, no behaviors and that resident and family participated in assessment and goal setting.</p> <p>A Physician's Orders dated 7/27/24 documented Audiology consult, hard of hearing, possible hearing aid.</p> <p>A Physician's Orders dated 8/20/24 documented Audiology consult appointment on 08/23/24 at 11:00am.</p> <p>A nursing note dated 7/17/24 documented that resident's family stated that they spoke with Resident #207 and noticed that hearing is more impaired and requested audiology consult.</p> <p>A nursing note dated 8/23/23 documented Resident #207 left the unit at 10:15AM for an audiology appointment due to hard of hearing. Audiology findings included sensorineural hearing loss with recommendations for hearing aid use to bilateral ears recommended.</p> <p>A Comprehensive Care Plan Titled Communication, etiology Dementia, effective 10/25/23, documented Resident #207 has a potential for alteration in communication. Goals included that Resident #207 will continue to communicate their needs with a review date of 10/22/24. Interventions included that the staff will speak slowly and clearly.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A quarterly note dated 8/4/24 documented resident has no change in communication, able to verbalize needs, goals and interventions in place, plan of care continues x 90 days.</p> <p>There was no documented evidence that the Comprehensive Care Plan had been reviewed and revised to reflect resident's hard of hearing and the need for a hearing aid.</p> <p>On 09/19/24, at 11:16 AM, Certified Nursing Assistant #3 was interviewed and stated that the Resident #207 needs assistance and encouragement for activities of daily living. Certified Nursing Assistant #3 stated that Resident #207 has a hearing problem, and that Resident #207 went out last month (August) to the audiologist. Certified Nursing Assistant #3 said that Resident #207 does hear a little and that they talk loudly to Resident #207.</p> <p>On 09/20/24 at 10:38 AM Registered Nurse Supervisor #3 was interviewed and stated that Resident #207 is alert with periods of confusion and that when they try to speak with Resident #207, they speak closer and slower because of Resident #207 being hard of hearing. Registered Nurse Supervisor #3 stated that the doctor was notified of Resident #207 needs of the hearing aid. The Registered Nurse Supervisor #3 also stated that the communications care plan should have been updated to reflect Resident's #207 hearing loss, once they identified and saw that there was an actual hearing impairment. The Registered Nurse Supervisor #3 stated that the care plans are updated quarterly and annual, and when there is an actual change in the resident's condition.</p> <p>On 09/20/24 at 11:55 AM, the Assistant Director of Nursing was interviewed and stated that if the Resident #207 had gone to the Audiologist and was identified as hard of hearing, then the facility should have updated the care plan, to reflect that Resident #207 was hard of hearing. The Assistant Director of Nursing stated to the state surveyor that both the state surveyor and the Assistant Director of Nursing looked at Resident's #207 Communication care plan, and this was not addressed.</p> <p>On 09/23/24 at 12:22 PM, Director of Nursing was interviewed and stated that once the Registered Nurse Supervisor had identified that Resident #207 was hard of hearing, then the communications care plan should have been updated to reflect this.</p> <p>10 NYCRR 415.11(c)(2) (i-iii)</p>		

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<p>F 0685</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assist a resident in gaining access to vision and hearing services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observations, record review, and staff interviews during the recertification survey, the facility did not ensure that residents receive proper treatment and assistive devices to maintain hearing abilities. Specifically, Resident #160 was observed on several occasions the hearing aid in place.</p> <p>This was evident for 1 (Resident #160) of 2 residents reviewed for Communication and Hearing Care Area.</p> <p>The finding is:</p> <p>The facility policy and procedure dated, 01/05/24 titled, Hearing Impaired and Care of, documented, 'It is the policy of the facility staff will assist hearing impaired residents maintain effective communication with clinicians, caregivers and other residents.</p> <p>Resident #160 has diagnoses including but not limited to Hearing Loss, Hypertension and Cerebral Vascular Accident.</p> <p>The Quarterly Minimum Data 3.0 Assessment Reference Date of 08/08/24 documented the resident was admitted on [DATE], with minimal hearing difficulty, hearing aid appliance in use, clear speech, usually understood, usually understands with a brief interview of mental status score of 7.</p> <p>The Physician's Monthly Order dated 08/22/24 documented, apply Right hearing aid in AM when resident is awake and remove at every night.</p> <p>Review of the Nurse Admission assessment dated [DATE] documented, under Prosthesis, Hearing Aid, and Minimal Difficulty.</p> <p>The Comprehensive Care Plan (CCP) dated 08/05/24 developed for Communication, documented, Use of Hearing Aids, as per MD order. Apply Right Hearing Aid in AM when resident is awake and remove every night.</p> <p>Review of the Resident Nursing Instructions, dated 01/05/24, for the Certified Nurse Aide documented, Apply Right Hearing Aid in AM when resident is awake and remove every night.</p> <p>On 09/17/24 at 12:40 PM no Hearing Aid was observed to the Right ear of the resident, while in the dining room having lunch.</p> <p>On 09/19/24 at 11:40 AM no Hearing Aid was observed on the Right ear of the resident while in the corridor sitting in their wheelchair.</p> <p>Attempted Interview with the resident on 09/19/24 at 11:49 AM made repeated statements, I can't hear, I have trouble hearing. The resident was gesturing with their hands and pointing to their ears, then talked about their arthritis.</p> <p>(continued on next page)</p>		

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F 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>The assigned Certified Nurse Aide # 1 was interviewed on 09/19/24 12:00 PM in the room of the resident and stated, that the resident refuses the use of the hearing aide. The CNA # 1 retrieved a container which contained the Hearing Aid and stated that they are not sure if the Hearing Aide is functioning. Stated that this was reported by them to the nurses on the unit about a month ago. The resident was wheeled from the corridor back to their room and the Certified Nurse attempted to apply the Hearing Aid to the Right ear of the resident. The resident did not refuse nor attempt to remove the Hearing Aid at this time. The Certified Nurse Aide when asked about having received training on the application of a Hearing Aid, stated, Yes.</p> <p>On 09/20/24 at 11:15 AM the resident was observed sitting in the wheelchair along the corridor outside of the Day Room with a Right ear Hearing Aid. Resulting interview with the resident noted their response when asked if they were able to hear the State Agency talking to them. The resident responded said, Yes.</p> <p>On 09/19/24 at 12:10 PM Registered Nurse Unit Manager # 1 was interviewed and stated, I have not recalled having been made aware of issues with the resident and the Hearing Aid by staff. They stated I might have gotten a call from the residents son about needing to get batteries for the Hearing Aid. No follow up by Nurse Managers # 1 was made. Nurse Manager # 1 stated, I perform frequent rounds and observe residents and staff to ensure devices are in place as per medical orders.</p> <p>415.12(3)(b)</p> <p>.</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19546</p> <p>Based on observation and interview, during the re-certification survey, the facility did not ensure the resident and staff physical environment was kept safe and clean. Specifically, 1.) Nurse Station 2.) Lobby Restrooms and Floor Tiles 3.) Staff Bathroom. This was evident in the Lobby area including 3 of 7 units. (Units 3, 4 and 6).</p> <p>The findings are:</p> <p>The facility policy and procedure titled, Homelike Environment, dated 06/18/24 documented, The facility respectfully acknowledges that all residents are entitled to living in an environment that is like a homelike setting.</p> <p>Upon the initial entrance to the facility on [DATE] at approximately 9:00 AM and subsequent observations during the recertification survey the following environmental issues were observed:</p> <p>A) Lobby Area:</p> <ol style="list-style-type: none"> 1. Broken floor tiles along the corridor. <p>B) Lobby Rest Rooms:</p> <ol style="list-style-type: none"> 1. Rest Room located across the out of order sign noted with unidentifiable offensive odor emitting from the bathroom. 2. Sink not firmly affixed to the wall. 3. Toilet seat loose. 4. Toilet paper dispenser broken. 5. Corners of floors embedded with dirt and dust. 6. Rest Room located across the Storage Room noted with broken toilet tank cover. <p>C) 3rd Floor:</p> <ol style="list-style-type: none"> 1. Employee Rest Room located across from the Nurse Station noted with a hole underneath the sink area surrounding the pipe running through it. <p>D) 3rd Floor Nurse Station:</p> <ol style="list-style-type: none"> 1. Accumulation of layered dirt dust and heavy debris underneath nurse desk. 2. Exposed cable wires layered with dirt dust and debris. <p>(continued on next page)</p>		

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Walls behind nurse chairs with heavily streaked and stained.</p> <p>E) 4th Floor:</p> <p>1. Employee Rest Room located across from the Nurse Station noted missing cold water faucet handle.</p> <p>2. Floor tiles layered with ground in dirt dust and debris.</p> <p>3. Ceramic wall tiles heavily stained and dirty.</p> <p>F) 4th Floor:</p> <p>1. Nurse Station: a) Accumulation of layered dirt dust and heavy debris underneath nurse desk.</p> <p>b) Exposed cable wires layered with dirt dust and debris.</p> <p>c) Walls behind nurse chairs with heavily streaked and stained.</p> <p>G.) 6th Floor:</p> <p>1. Nurse station area accumulation of dirt, dust and debris underneath the nurse desk area.</p> <p>2. Accumulation of dirt and dust to the bundle of entangled wires located underneath the Nurse Station.</p> <p>On 09/23/24 at 01:00 PM the Director of Housekeeping and Maintenance Departments was interviewed and stated that their role is to oversee the Housekeeping and Maintenance Departments to ensure that residents and staff have a clean and safe environment. I make daily rounds to ensure staff are keeping up and completing their work assignments. I speak to resident and staff from time to time about any environmental concerns they may have. We have an electronic software system in place that the nurses have access to and submit environmental concerns. I check the software system several times a day. When I make my rounds observe for cleanliness and safety of rooms, corridors, bathrooms, common areas, dining rooms. I am responsible for the safety of the entire facility. There are issues that I have come across when making my rounds. I will talk to my staff to correct the problem. The nurse station is difficult to clean at times because the nurses are busy at the nurse station. Floors 3, 4 , 5 and 7 have no cable access. We have only antennas which need to be close to the window, therefore the TV wires in the room are extended as close to the window as possible. I have a plan to repair or replace the Lobby floor tiles. It is a big job and needs to be done mostly at night. I have a plan to fix this and we just recently just patched it up.</p> <p>10NYCRR 415.29</p>		