STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Elmhurst Care Center Inc		100 17 23rd Avenue East Elmhurst, NY 11369		
For information on the nursing home's	plan to correct this deficiency, please cont	tact the nursing home or the state survey	agency.	
(X4) ID PREFIX TAG		UMMARY STATEMENT OF DEFICIENCIES Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0725 Level of Harm - Minimal harm or potential for actual harm	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44842			
Residents Affected - Some	 Based on record review and interviews conducted during the Recertification and Abbreviated survey (NY00342009) from 6/26/24 to 7/03/24, the facility did not ensure that there was sufficient nursing staff to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, 1) the facility reported short staffing on weekends confirmed by a review of the Daily Staffing and the Payroll Based Journal (PBJ) Staffing Data Report, and 2) multiple nursing staff members reported a lack of sufficient staffing. The findings include but are not limited to: The Facility Staffing policy reviewed March 2024 documented it is the policy of this facility to provide sufficient staffing to meet the needs of all residents. The Facility Assessment tool dated 11/28/23 did not provide a staff to resident ratio for comparison and did not provide the number of staff required to work on each of the units. 			
	The New York State Department of Health Intake #NY00342009 dated 5/13/2024 documented that hotline call from Certified Nurse Assistant #4 who claims staffing on the night shift is the worst. Management has cu staff down to 2 Certified Nurse Assistants to 40 residents but that it is always 1 Certified Nurse Assistant to 40 residents as someone will call out sick. Certified Nurse Assistant #4 also claimed this is causing residents to not be changed for many hours.			
	The PBJ Staffing Data Report dated Fiscal Year (FY) Quarter 2 2024 (January 1- March 31) documented the facility triggered for the metric of excessively low weekend staffing.			
	A review of Daily Staffing sheets from 5/01/24 to 6/16/24 revealed there were documented call outs or no shows on Sunday 5/05/24, Sunday 5/12/24, Monday 5/13/24, Sunday 6/02/24, Friday 6/14/24, Saturday 6/15/24, and Sunday 6/16/24 resulting in 1 Certified Nurse Assistant working on a 40-bed unit.			
	Resident #176 has a diagnosis of Bipolar disorder, Schizophrenia, and Chronic kidney disease.			
	Minimum Data Set, dated dated dated [DATE] documents resident #176 has intact cognition and needs extensive to total assistance of staff to complete Activities of Daily Living (ADL).			
	(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

Facility ID: 335814

Printed: 06/08/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Elmhurst Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 100 17 23rd Avenue East Elmhurst, NY 11369	
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 7/03/24 at 11:03 AM Resident # eventually, and their incontinent bri they have to wait a long time to be On 6/27/2024 at 4:10 PM, the Certi Assistant calls out, there is not muc scheduled on each floor in case the Assistants for a census of 40 reside there is a call out, that leaves the fl Assistant is instructed to only care is stated the nurse on the unit does no On 7/2/24 at 9:06 AM the Certified themself on the overnight shift beca Certified Nurse Assistant stated the incontinent residents one time durin as a team that night with the nurse On 7/2/24 at 9:12 AM the Licensed when there is a call out, they help the On 7/2/24 at 2:51 PM the Staffing C are 5 Certified Nurse Assistants on Certified Nurse Assistants on the ni goals as much as they can but are The Staffing Coordinator stated the Coordinator further stated they are On 7/03/24 at 9:23 AM the Director amount of Certified Nurse Assistant Certified Nurse Assistant on the flo Nurse Assistant and together they of the day shift, 4 on the evening shift incentives to fill a call out such as the AM-3:00 PM, they will pay them an	4176 was interviewed and stated weeke ef is changed only once on over night changed lately. fied Nurse Assistant #4 was interviewed th backup. There should be sufficient C ere is a call out. In the past the facility u ents then they cut back to only 2 Certifi oor with only one Certified Nurse Assis for residents on one side of the unit. Co ot help and many residents require 2 p Nurse Assistant #7 was interviewed ar ause the aide who was scheduled to we by started early and tried their best and ng the night shift. The Certified Nurse A	ends are horrible. The aides come shift. Resident #176 further stated and and stated if a Certified Nurse Certified Nurse Assistants used to schedule 3 Certified Nurse ed Nurse Assistants. So, when tant and the Certified Nurse ertified Nurse Assistant #4 further ersons assist as well. Indicated they worked one time by ork with them did not show up. The was only able to change the assistant further stated they worked and stated they work nights and ents who need 2 assists. If the Administrator's staffing goals unts on the evening shift, and 3 to stated they try to meet those istants on nights and sometimes 3. and no shows. The Staffing es to try and reach their goals. If we schedule the appropriate showing up. When there is one e nurse will help the Certified I is 5 Certified Nurse Assistants on of Nursing stated they offer our shift or if the aide can work 9:00 of or an Uber to replace a call out

Printed: 06/08/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024		
NAME OF PROVIDER OR SUPPLIER Elmhurst Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 100 17 23rd Avenue East Elmhurst, NY 11369			
I 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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	East Elmhurst, NY 11369 s plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		hey have good staffing on the weekend. The disciplinary n. The Administrator stated it is a ike to schedule an extra 3 Certified e Assistant on nights is es have been raised and they will		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335814	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024		
NAME OF PROVIDER OR SUPPLIER Elmhurst Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 100 17 23rd Avenue East Elmhurst, NY 11369			
For information on the nursing home's	plan to correct this deficiency, please con	l tact 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	Post nurse staffing information every day.				
Level of Harm - Minimal harm or potential for actual harm	44842				
Residents Affected - Some	Based on observations and interviews conducted during the Recertification Survey from 06/26/2024 to 07/03/2024, the facility did not ensure that the nurse staffing information was posted appropriately. Specifically, the posting of daily nurse staffing information was not posted in a prominent area which was readily accessible to residents and visitors.				
	The findings are:				
	The facility policy and procedure titled Staff Posting Policy reviewed March 2024 documented the daily nursing patterns will be posted daily and updated by shifts in front of the nursing supervisor's office to ensure prominent placement to allow accessibility to all residents and visitors of the facility.				
	During observations conducted on 06/26/2024, 06/27/2024, 06/28/2024, 07/01/2024, and 07/02/2024, the State Surveyor was unable to locate the postings of the daily nurse staffing levels for each shift or any signage instructing residents or visitors where it was located.				
	On 07/02/2024 at 2:50 PM, the State Surveyor asked the Staffing Coordinator where the staffing information was located and was shown the posting located in the Subcellar level hallway posted on a staff bulletin board near the nursing supervisor's office. This area was not readily accessible to residents or visitors.				
	On 07/02/2024 at 2:51 PM, the Staffing Coordinator was interviewed and stated the Registered Nurse Supervisors are responsible to post the staffing on the bulletin board 15 minutes before the shift starts. The Staffing Coordinator stated Staffing used to be posted in a common area in the lobby on the cellar level, but that area is under construction. The Staffing Coordinator further stated there is no staff postings posted in the temporary main entrance.				
	On 07/03/2024 at 9:23 AM The Director of Nursing was interviewed and stated we previously posted the staff posting in the main entrance area but due to construction we had to move it. The Director of Nursing stated they do not post the staffing in the temporary entrance area where security is situated because of the Health Insurance Portability and Accountability Act. The Director of Nursing further stated they will read the regulations on staff postings.				
	10 NYCRR 415.13				