

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335005	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Briarcliff Manor Center for Rehab and Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 620 Sleepy Hollow Road Briarcliff Manor, NY 10510	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>48822</p> <p>Based on observation, interview, and record review during an abbreviated survey (NY00335256) conducted on 4/5/24, the facility did not ensure the environment remained as free of accident hazards as possible for 1 of 3 residents reviewed for accidents. Specifically, the certified nursing assistant providing caring to Resident #1 did not request the assistance of another staff member during transfers from the toilet to the wheelchair to ensure safety. Resident #1 fell to the floor. No injuries documented upon assessment post fall.</p> <p>Findings include:</p> <p>The Resident #1 was admitted with the following diagnoses including nontraumatic intracerebral hemorrhage, Hypertension, Type 2 Diabetes, and peripheral vascular disease.</p> <p>The Minimum Data Set (an assessment tool) dated 3/8/24, revealed the resident had severely impaired cognition, had an impairment on one side of the body for the upper and lower extremities, required substantial/maximum assistance with toileting, transfers, and bathing.</p> <p>Review of the certified nurse aide Kardex revealed Resident #1 required extensive assistance with a 2-person physical assist for toileting.</p> <p>The comprehensive care plan titled Elimination, dated 1/22/24, documented that Resident #1 required extensive assistance with a 2-person physical assist for toilet use.</p> <p>Review of the Accident and Incident report dated 3/4/24 documented Resident #1 was lowered to floor, no injuries noted. The report documented that as per the Certified Nursing Assistant, Resident #1 was being transferred from toilet to wheelchair, the resident's legs became weak, and wife came to assist on resident's weak side and resident was lowered to the floor. Body assessment done with no visible injuries. Resident denied pain. Range of motion to upper/ lower extremities at baseline. Assisted back to chair with 2-person assist. Physician notified.</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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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 4/5/24 at 4:10pm with Resident #1's representative, they stated that the incident occurred when the certified nurse aide attempted to transfer Resident #1 from the toilet to the wheelchair by themselves. Resident #1's representative stated that the certified nurse assistant asked them to provide assistance to transfer Resident #1. The representative stated they told the certified nurse aide that Resident #1 is supposed to be assisted by 2 people, and that they were not trained for this. The representative stated they told the certified nurse aide to get another staff member. The certified nurse aide asked the family representative to grab one arm while they grabbed the other arm. Resident #1 became unsteady and fell to the floor. The family representative stated the facility needs more staff and the staff need to be trained on how to properly transfer residents.</p> <p>During an interview conducted on 4/5/24 at 4:25pm with the Assistant Director of Nursing regarding resident care and transfers. Stated that resident #1 required extensive assistance when transferred to and from the toilet. If a resident requires more than one person to transfer them, the staff caring for the resident should ask for assistance from another staff member.</p> <p>During an interview conducted on 4/19/24 at 3:15pm with the Assistant Director of Nursing regarding resident care and transfers, they stated that Resident #1 required extensive assistance when transferred to and from the toilet. If any resident requires more than one person to transfer them, the staff caring for the resident should ask for assistance from another staff member.</p> <p>Attempts to contact Certified nurse assistant who cared for Resident #1 was unsuccessful. Certified Nurse Assistant no longer works for the facility.</p> <p>10 NYCRR 415.12(h)(1)(2)</p>		