

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 06/20/2025
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)
F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>Based on observation, interview, and record review conducted during the abbreviated survey (NY00383393), the facility did not ensure a resident remained free from physical abuse. This was evident for one (1) (Resident #1) of four (4) total sampled residents. Specifically, Resident #1 reported they were hit in their groin by Certified Nurse Aide #3 on 6/11/2025 at approximately 1:30 AM. This resulted in psychosocial harm that did not rise to level of Immediate Jeopardy.</p> <p>The findings are:</p> <p>The facility policy titled Abuse Prevention & Reporting, dated 1/3/2025, documented any employee involved in abuse will be disciplined appropriately.</p> <p>Resident #1 had diagnoses of hydrocephalus (fluid on the brain) and major depressive disorder.</p> <p>The Minimum Data Set 3.0 assessment (an assessment tool) dated 5/16/2025 documented Resident #1 presented with mild cognitive impairment with a Brief Interview for Mental Status score of 14 out of 15.</p> <p>The Comprehensive Care Plan related to victimization, initiated 5/10/2025 and last reviewed on 6/16/2025, documented Resident #1 would verbalize feeling safe. Documented interventions included encouraging Resident #1 to verbalize their feelings and report to staff if feeling threatened.</p> <p>The Social Work Note dated 6/11/2025 documented Resident #1 reported a Certified Nurse Aide (later identified as Certified Nurse Aide #3) on the night shift struck them in the groin. Resident #1's roommate, Resident #3, was present and witnessed the incident.</p> <p>The Nurse Practitioner note dated 6/11/2025 documented Resident #1 reported being hit in the groin by a Certified Nurse Aide. There were no visible injuries to Resident #1's groin area and an incident investigation was initiated.</p> <p>The Physician Orders documented Resident #1 was ordered to receive psychiatry and psychology consults on 6/11/2025.</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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A Psychology Consult dated 6/12/2025 documented Resident #1 was previously evaluated for psychological services upon admission to the facility and declined ongoing services because they were adequately coping. Resident #1 was evaluated by the psychologist on 6/12/2025 after reporting they were punched in the groin by a Certified Nurse Aide on 6/11/2025. Resident #1 endorsed sadness/frustration when describing the incident, became teary at times, and stated everything was going well, and then this had to happen.</p> <p>The Social Work Note dated 6/13/2025 documented the Director of Social Work followed up with Resident #1 regarding their abuse complaint and the resident did not express any negative concerns; however, they continued to request discharge home.</p> <p>The facility Investigation Form, initiated 6/11/2025 and completed 6/18/2025, documented Resident #1 and Resident #3 provided consistent and detailed statements that Resident #1 was by their bed in their room on 6/11/2025 at 1:30 AM when Certified Nurse Aide #3 pushed Resident #1 onto the bed and punched them in the groin. Resident #1 and Resident #3 picked Certified Nurse Aide #3 out of a photo lineup of facility staff. The facility investigation documented there was reasonable cause to believe that resident abuse occurred. Certified Nurse Aide #3 was suspended pending investigation and terminated as of 6/17/2025.</p> <p>On 6/16/2025 at 1:38 PM, Resident #1 was interviewed and stated they recalled being hit in the groin by Certified Nurse Aide #3. They reported the incident to the Director of Social Work and wanted to be discharged from the facility. Resident #1 stated their physical pain subsided, but they were emotionally affected and distraught by the experience. Resident #1 became tearful and wept during the interview.</p> <p>On 6/17/2025 at 11:45 AM, the Director of Social Work was interviewed and stated they arrived at work on 6/11/2025 and were informed by the unit manager that Resident #1 requested to speak with them. The Director of Social Work stated Resident #1 reported the Certified Nurse Aide from the night shift pushed them onto their bed and struck them in the groin. The Director of Social Work corroborated Resident #1's allegation by interviewing Resident #3 and immediately informed the Administrator, who was responsible for reporting the allegation to the New York State Department of Health.</p> <p>On 6/17/2025 at 1:56 PM, in a phone interview Certified Nurse Aide #3 stated they recalled working with Resident #1 on 6/11/2025 but denied hitting the resident in the groin.</p> <p>On 6/17/2025 at 2:46 PM the Administrator was interviewed and stated the facility determined abuse occurred and Certified Nurse Aide #3 will be terminated. In-services regarding abuse prevention were ongoing.</p> <p>On 6/17/2025 at 1:21 PM, the Director of Nursing was interviewed and stated they were made aware of Resident #1's abuse allegation on 6/11/2025 and determined Certified Nurse Aide #3's involvement through staffing sheets and a photo lineup presented to Resident #1 and Resident #3. The Director of Nursing stated the facility determined that abuse did occur and would terminate the Certified Nursing Aide #3.</p> <p>(continued on next page)</p>		

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F 0600 Level of Harm - Actual harm Residents Affected - Few	<p>On 6/16/2025 at 12:26 PM and 6/17/2025 at 2:46 PM, the Administrator was interviewed and stated the Director of Social Work informed them Resident #1 alleged a Certified Nurse Aide hit them on 6/11/2025. It was determined through investigation that Certified Nurse Aide #3 was the alleged perpetrator. The police were notified, came to the facility, and met with Resident #1. The Nurse Practitioner and Resident #1's family were made aware of Resident #1's allegation and facility's pending investigation. All staff, including Certified Nurse Aide #3, had been in serviced on abuse prevention in 5/2025 and 6/2025, and abuse prevention in-services were ongoing in relation to Resident #1's allegation. The facility had until 6/18/2025 to complete their investigation and the summary of investigative findings will be sent to the New York State Department of Health once completed. The Administrator stated Certified Nurse Aide #3 would be terminated from facility employment because the abuse did occur.</p> <p>During a telephone interview on 6/17/2025 at 2:32 PM, the Medical Director stated they were aware of the incident that occurred on 6/11/2025 between Resident #1 and Certified Nurse Aide #3. The Medical Director stated Resident #1 was assessed and did not present with ongoing pain or injury to the groin area. The Medical Director stated they agreed with the facility's decision to report the incident, was informed by the facility Certified Nurse Aide #3 was removed from direct patient care, and believed the facility decided to terminate Certified Nurse Aide #3.</p> <p>10 NYCRR 415.4(b)(1)(i)</p>		