

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Yorktown Rehabilitation & Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2300 Catherine Street Cortlandt Manor, NY 10567	
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 0600</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record reviews during a survey, the facility failed to ensure residents were free from sexual abuse by a staff member for one (1) (Resident #1) of three (3) residents reviewed for abuse. Specifically, the facility incident report documented on 02/21/2026 at 6:53 AM., Certified Nurse Aide #1 observed Housekeeper #1 in bed with Resident #1 who had severe cognitive impairment, lying in prone position on top of Resident #1. Subsequently Resident #1 was transferred to the hospital on [DATE] for evaluation and treatment. It was determined that Resident #1's likelihood to experience actual psychosocial harm, using the reasonable person concept (referenced in the Centers for Medicare and Medicaid Services Psychosocial Outcome Severity Guide), occurred because of the alleged assault. The findings include The facility's policy and procedure titled The Seven Components of a Systemic Approach to Abuse Prohibition documented that the facility was committed to providing residents with an environment that is free from verbal, mental, and physical abuse, mistreatment, neglect, misappropriation of resident property, and exploitation through the following components of a systemic approach to abuse prohibition. The annual policy and procedure review sheet was dated as reviewed on 09/2025. Resident #1 had diagnoses including but not limited to non-traumatic brain dysfunction (brains normal function is disrupted), non-Alzheimer dementia (loss of cognitive function thinking, memory, mood and behavior), and depression (mental health condition characterized by persistent low mood). The 11/22/2025 annual Minimum Data Set (a resident assessment tool) documented the brief interview of mental status could not be conducted. Staff assessment for mental status documented Resident #1 had short-, and long-term memory problems, and severely impaired cognitive skills for daily decision making. The Comprehensive Care Plan for impaired communication related to Alzheimer disease with increased risk for abuse revised on 11/26/2025 documented to incorporate visual prompting, cues, gestures and allow adequate time for response. Provide emotional support regarding impaired communication. The Comprehensive Care Plan for impaired cognition/function/impaired thought processes and communication related to Alzheimer disease and dementia with increased risk for abuse revised on 11/26/2025 documented to monitor for any changes in baseline presentation-mood, sleep, appetite, non-verbal signs and symptoms, agitation, withdrawal, changes in behavior and unexplained injuries. An undated Incident Report, documented on 02/21/2026 at 6:53 AM, Certified Nurse Aide #1 observed Housekeeper #1 lying in prone position on top of Resident #1 in Resident #1's bed. Housekeeper #1's pants were lowered to mid-thigh. Certified Nurse Aide #1 immediately intervened and had Housekeeper #1 leave the room. The incident report also documented Resident #1 was visually observed and monitored. Authorities called. No full body assessment as per law enforcement direction. Staff in their custody. Every 15-minute check is initiated. Resident #1 sent to the emergency room. Physician was notified at 8:00 a.m. Family notified by the Director of Nursing at 8:00 a.m. Review of a written statement (obtained by the facility) from Certified Nursing Assistant #1, dated 02/21/2026, revealed that they saw Housekeeper #1 walk onto the unit at 6:50 AM, entered another resident's room and walked right out. They thought Housekeeper #1 got on the elevator and left. They were doing last rounds and walked up the hall at 6:53 AM. They (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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