

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Ramapo Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Cragmere Road Suffern, NY 10901	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>48847</p> <p>Based on record review, and interviews conducted during abbreviated survey (NY00331188) the facility did not ensure that the Comprehensive Care Plans were reviewed and revised in a timely manner for 1(Resident #2) of 4 residents reviewed for Abuse. Specifically, Resident #2's Behavior Care Plan initiated 4/22/22 documented that they were two assists with cares due to history of accusatory behaviors and the care plan was not reviewed and revised to populate these interventions onto Certified Nurse Aides tasks/documentation. Certified Nurse Aide #2 was unaware of Resident #2's plan of requiring two person assists and they provided care to Resident #2 without another staff member present. Resident #2 accused Certified Nurse Aide #2 of alleged abuse after cares were provided.</p> <p>The Findings are:</p> <p>The Facility policy titled Care Plans, Comprehensive Person-Centered last revised on 3/2022 documented that the comprehensive person-centered care plan describes the services that are furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being including which professional services are responsible for each element of care. The Interdisciplinary team reviews and updates the care plan when the resident has been readmitted to the facility from a hospital stay and at least quarterly.</p> <p>Resident #2 was admitted with diagnoses including but not limited to depression, paranoid schizophrenia, depression, and morbid obesity.</p> <p>The 11/26/23 Quarterly Minimum Data Set (an Assessment Tool) documented that Resident #2 had intact cognition, was dependent with toileting, shower/bathe, personal hygiene, and supervision with bed mobility. Resident #2 had behavioral symptoms directed toward others and rejected care daily</p> <p>The 4/22/22 Behavior care Plan documented Resident #2 exhibited behavior such as verbal aggression/physically abusive/aggression, hallucinations, delusions and socially inappropriate. Resident was accusatory toward staff. Interventions included that Resident #2 was to be 2 person assists for all cares and has to always have 2 staff in the room.</p> <p>Review of Certified Nurse Aide Kardex dated January 2024 revealed there were no documented evidence that the 2 person assist for cares task was initiated prior to 1/8/24.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER The Willows at Ramapo Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 30 Cragmere Road Suffern, NY 10901	
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Certified Nurse Aide Kardex revised on 1/8/24, documented that Resident #2 requires 2 staff for showering/bathing, and personal hygiene.</p> <p>During an interview on 2/20/25 at 12:52 PM, Resident #2 stated that on 1/7/24 Certified Nurse Aide #2 provided care in their room without any assistance from another staff member. Resident #2 asked the surveyor to find Certified Nurse Aide #2 and to apologize because they did not want them to lose their job. Resident #2 stated that they do not remember having ointment or cream on their bottom when Certified Nurse Aide #2 provided care. Resident #2 stated that they could not tell if Certified Nurse Aide #2 inserted their finger into their rectum and that due to a childhood trauma of being forced to have anal sex, anytime anyone gets close to their bottom, it triggers them.</p> <p>During an interview on 2/20/25 at 3:29 PM, Certified Nurse Aide #2 stated that on 1/7/24, they provided care to Resident #2 without any assistance from other staff. Certified Nurse Aide #2 stated that at that time, they were not aware that Resident #2 was a 2 person assist for cares because it was not on the certified nurse aide Kardex and therefore they provided cares by themselves. Certified Nurse Aide #2 stated that if a resident was a 2 person assist for cares, it will be on the certified nurse aide documentation/Kardex. Certified Nurse Aide demonstrated to surveyor in a wiping motion the action during pericare provided to Resident #2. Certified Nurse Aide #2 denied inserting their finger in Resident #2's rectum.</p> <p>During an interview on 2/21/25 at 3:02 PM, the Assistant Director of Nursing #1 stated that unit managers initiate, review, and revise the care plans. The Assistant Director of Nursing #1 stated that as per the Behavior Care Plan, Resident #2 was a 2 person assist for cares and the 2-person assist should have been carried over to the Certified Nurse Aide Documentation. The Assistant Director of Nursing #1 stated that whoever initiated the behavior care plan should have added the 2 person assist to the Certified Nurse Aide task so that they could be aware of Resident #2's plan of care. The Assistant Director of Nursing #1 stated that Resident #2 is 2 person assist due to history of accusatory behaviors. The Assistant Director of Nursing #1 stated that there is no other way for the Certified Nurse Aide to know a resident is 2 person assist other than it being added to the certified nurse aide task.</p> <p>During an interview on 2/24/25 at 11:21 AM, the Director of Nursing stated that the Registered Nurse managers are responsible for initiating and revising the Care Plans. The Director of Nursing stated that Resident #2 is a 2 person assist due to history of accusatory behaviors and paranoia. The Director of Nursing stated that the Behavior Care Plan was initiated on 11/22/22 and had not been revised. The Director of Nursing stated when the behavior care plan was updated on 1/8/2024 after the incident in the Electronic Medical Record, the nurse should have activated the tasks for certified nurse aides so that the task could have transfer over to certified nurse aide Kardex/documentation. The Director of Nursing stated they do not know why the nurse who updated the care plan did not activate Certified Nurse Aide action. The Director of Nursing confirmed the plan of care was only triggered for nurses and not for certified nurse aides. The Director of Nursing stated that after the incident that occurred on 1/7/24, they updated the Behavior Care Plan to activate the certified nurse aide task to populate on the certified nurse aide Kardex/documentation. The Director of Nursing stated that unfortunately the intervention on the plan of care were not in the certified nurse aide documentation prior to incident on 1/7/24.</p> <p>10 NYCRR 415.11(c)(1)</p>		