STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. 2) The facility Clinical Competency Assessment Skill: Transfers revised 7/24 documented Position wheelchair or chair at the bedside, lock brakes if transferring to a wheelchair. Resident #23 was admitted to the facility with diagnoses including heart failure, obstructive uropathy, diabetes mellitus. The admission Minimum Data Set (resident assessment tool) dated 10/30/24 documented Resident #23 was cognitively intact, received substantial assistance for sit to stand, chair to bed transfer, and toilet transfer. During interview on 11/18/24 at 1:47 PM Resident #23 stated the left brake on their wheelchair has been broken for the past three weeks. During observation on 11/18/24 at 1:54 PM Certified Nurse Assistant #2 and Certified Nurse Assistant #7 transferred Resident # 23 from bed to the wheelchair. Certified Nurse Assistant #2 did not lock the wheelchair's left brake. During an interview on 11/18/24 at 1:56 PM Certified Nurse Assistant #2/Certified Nurse Assistant #7 stated the left brake on Resident #23's wheelchair had been broken for at least a week. They stated that despite the broken brake they transferred Resident #23 from bed to the wheelchair. They stated Maintenance and Rehabilitation were notified about a week ago. During an interview on 11/18/24 at 02:13 PM the Occupational Therapist stated they had worked with Resident #23 for transfers. They stated they were aware of the broken wheelchair brake and had notified the Therapy Director. During an interview on 11/18/24 at 02:16 PM the Therapy Director stated they were not aware that the brake on Resident #23's wheelchair was broken. During an interview on 11/19/24 at 10:34 AM the Director of Maintenance stated they were notified about the broken brake on the resident's wheelchair yesterday. 10 NYCRR 415.5 (h)(2) (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation and interview conducted during a recertification survey (11/14/24-11/22/24), the facility did not ensure a safe, clean, comfortable, and homelike environment was provided on 3 of 4 units (West, East and North). Specifically, North Unit had noticeable dirt and food throughout the hallway, a resident over bed table was dirty with food stains and caked on food in room [NAME] 7, and Resident #5 had no privacy curtain dividing the toilet area from the resident's room, allowing anyone entering the room to see the resident on the toilet and 2) Resident #23 was transferred into a wheelchair with a broken left wheel brake. The findings are: During observation on the North Unit on 11/14/24 at 11:16 AM, the floor area in the hallway near double doors had dirt, dust, and food crumbs and dirt was on the floor outside room B-15-N. During an interview on 11/15/24 at 12:03 PM Resident #5 stated they were able to use the toilet but, would like a curtain because it was embarrassing because anyone could see them while they are on the toilet. During observation on 11/15/24 at 12:07 PM, 11/18/24 at 9:38 AM and 11/19/24 at 12:29 PM there was no privacy curtain that could be pulled closed while the resident was on the toilet in Resident #5's room. During observation on 11/15/24 at 12:12 PM, 11/18/24 at 9:39 AM and 11/19/24 12:37 PM, the over bed table in room [NAME] 7 had dried coffee stains and caked food on the top/sides of the table. During an interview on 11/19/24 at 12:26 PM Certified Nurse Aide #16 stated it has been awhile since there was a privacy curtain in the room. They stated they did not know why it was not there. During an interview on 11/19/24 at 12:29 PM Certified Nurse Aide #16 stated they often wipe down the over bed table, but the table looks dirty. They stated housekeeping comes around and should do a better job. During an interview on 11/19/24 1:04 PM Registered Nurse #1 stated housekeeping was supposed to come around and clean inside the rooms including the over the bed table after meals. They stated anyone could clean the over bed table/s. Registered Nurse #1 stated residents need their privacy when using the bathroom and they had not noticed the curtain was missing. They stated the Director of Maintenance should be doing rounds and checking on this. During an interview on 11/19/24 at 1:33 PM the Director of Maintenance stated they were not aware of the missing privacy curtain but, should have noticed that during rounds. During observation on 11/20/24 at 10:33 AM there was dirt, dust balls and food crumbs along hallway walls. During observation on 11/20/24 at 10:54 AM there was dust, dirt, food particles,rubber bands behind the closed doors. During an interview on 11/20/24 at 10:56 AM the Director of Housekeeping (Corporate) stated they use a machine but it's not cleaning the floors good enough.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on observation, record review and interview conducted during the Recertification and Abbreviated Surveys (NY00336704) from 11/14/24-11/22/24, the facility did not ensure for 1 of 3 residents reviewed for Abuse (Residents #176) that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source, were reported immediately, but not later than two hours after the allegation is made, to the State Agency. Specifically, 1) Resident #176's family reported Resident #176 was found with bruises on their forehead when transferred to the hospital for altered mental status. A 2/19/24 Investigation/Accident Report statement written by Licensed Practical Nurse documented on 2/17/24 they overheard Resident #174 yelling and screaming at their family ouch you're hurting me and they beat me up last night, and the facility did not report the allegations to the State Agency. The findings are: The Policy titled Abuse last reviewed on 6/1/24 documented the facility is to notify the local law enforcement and appropriate State Agency(s) immediately (no later than 2 hours after) by the agency's designated process after identification of alleged/suspected incident. Resident #176 was admitted with diagnosis including but not limited to anxiety, cerebral infarction, right hemiplegia, and unspecified psychosis. The 2/1/24 admission Minimum Data Set Assessment documented Resident #176 had severely impaired cognition. The Accident and Incident Reports documented Resident #176's last fall was 2/5/24, and there were no injuries noted. The 2/18/24 Employee Statement Form written by Certified Nurse Aide #11 documented Resident #176 stated they are being beat up by everyone all day. The 2/19/24 Accident and Incident Report documented Alleged Physical Abuse was reported by Resident #176's family. Bruises were noted to the left and right side of the forehead upon return from the hospital. The allegation was made by the residents sister while the resident was at the hospital and the facility immediately began an investigation. The 2/19/24 Accident and Incident Investigative Report Statement by Licensed Practical Nurse #9 documented on Sunday 2/17/24, while they were working at their medication cart, Resident #176 was yelling and screaming at their family, and yelled ouch you're hurting me. The resident then yelled they beat me up last night. The 2/19/24 Investigation Form findings documented bruising noted has been identified from previous falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 2/20/24 Abuse Care Plan documented Resident #176 is at risk for misappropriation, neglect, abuse and/or exploitation related to cognitive status/cognitive impairment after a cerebrovascular accident and is dependence on others for care. Interventions included monitor the resident for signs/symptoms of abuse, neglect, misappropriation, and/or exploitation and report to the facility's abuse officer and medical provider. The 2/20/24 Notice of Discipline form documented Certified Nurse Aide #11 received verbal warning for not alerting administration of alleged abuse. The 2/20/24 Notice of Discipline form documented Licensed Practical Nurse #9 received a verbal warning for not alerting administration of alleged abuse right away. During an interview on 11/20/24 at 3:13 PM, Registered Nurse Unit Manager #1 stated they initiated an investigation for alleged abuse because Resident #176 came back from the hospital with bruises on their forehead and they were not consistent with previous falls. Registered Nurse Unit Manager #1 stated they gave Notice of Discipline to Licensed Practical Nurse #11 and Certified Nurse Aide #9 because they did not report statements of alleged abuse. The Director of Nursing stated they were instructed by the Regional Director of Nursing to initiate an investigation and the Administrator would report the abuse allegation to the State Agency. During an interview on 11/21/24 at 1:56 PM, the Medical Director stated they saw Resident #176 on 2/20/24 for a brief visit upon their readmission from the hospital. They stated they were not aware of the alleged abuse incident. The Medical Director stated if there is alleged abuse, they expect staff to notify them immediately. During an interview on 11/21/24 at 5:41 PM, Resident #176's Health Care Proxy stated on numerous occasions, they reported to the facility that Resident #176 verbalized to them that staff were beating them up, and that they had meetings with Registered Nurse Unit Manager #1 and the Administrator to address their concerns and nothing was done. During an interview on 11/22/24 at 10:27 AM, Licensed Practical Nurse #11 stated they received a verbal counseling for not reporting to the facility that while Resident #176 was being visited by family, they heard Resident #176 yelling and screaming that someone was hurting them. They stated they did not tend to the resident because the resident was always fighting with the boyfriend, and they did not think much of it. Licensed Practical Nurse #11 stated the reason they did not get written up is because the union representative informed the facility they could not write them up if they did not report the alleged abuse to the State Agency. Licensed Practical Nurse #11 stated on a few occasions, they would hear Resident #176's boyfriend being verbally abusive to them. They stated Resident #176 made statements they were raped by two men and were being abused, and the facility was aware, but they did not remember if an investigation was done. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/22/24 at 1:42 PM, the Administrator stated the initial accusation of alleged abuse was from Resident #176's family and they explained to the family that the bruises were from falls and confirmed that Resident #176's last fall with no injury was on 2/5/24. The Administrator stated the Accident and Incident form should not have been titled Alleged Abuse, but they wanted to appease the family due to their constant abuse allegations, and that they were afraid the family would report the incident to the Department of Health. The Administrator stated the investigation was a precautionary measure because the family was not educated on the resident falling and obtaining bruises from falls and wanted to make them happy. The Administrator stated their understanding is that if the facility had an alleged abuse, they have 2 days to report to the State Agency and if the facility rules out abuse and neglect they did not have to report it. The Administrator stated despite having two statements from Licensed Practical Nurse #11 and Certified Nurse Aide #9 documenting they witnessed Resident #176 stating they were being abused they ruled out abuse and neglect because they obtained statements from staff, interviewed residents and no one ever witnessed or saw anything. During an interview on 11/22/24 at 2:39 PM, the Director of Nursing stated staff should not delay reporting alleged abuse to them. The Director of Nursing stated all reports of alleged abuse must be reported to the State Agency despite the facility's investigation. They stated they can report abuse but in a nursing home, the Administrator normally reports. 10 NYCRR 415.4(b)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Based on observation, record review and interview conducted during the Recertification and Abbreviated Surveys (NY00336704) from 11/14/24-11/22/24, the facility did not ensure for 1 (Resident #176)) of 3 resident reviewed for Abuse that all alleged violations involving abuse, mistreatment, or neglect, were thoroughly investigated. Specifically, there was no documented evidence the facility conducted a complete thorough investigation after Resident #176's family member reported Resident #176 had multiple bruises on their forehead when they were transferred to the hospital on 2/19/24. The findings are: The facility policy titled Abuse last reviewed on 6/1/24 documented that Allegations / reports of suspected abuse, neglect, mistreatment, distortion, injury of unknown etiology or misappropriation shall be promptly and thoroughly investigated by facility management. Resident #176 was admitted with diagnosis including but not limited to anxiety, cerebral infarction, right hemiplegia, and unspecified psychosis. The 2/1/24 admission Minimum Data Set documented Resident #176 had severely impaired cognition. The 2/18/24 Employee Statement Form written by Certified Nurse Aide #11 documented Resident #176 stated they are being beat up by everyone all day. The 2/19/24 Investigation Form documented staff statements demonstrated no abuse took place and that the bruising was documented due to falls in the facility. The 2/19/24 Accident and Incident Report documented that Alleged Physical Abuse was reported by Resident #176's family. Bruises were noted to the left and right sides of their forehead. The allegation was made by the sister while the resident was out of the facility at the hospital and the facility immediately began an investigation. The 2/19/24 Accident and Incident Report Investigative Statement by Licensed Practical Nurse #9 documented on Sunday 2/17/24, while they were working at their medication cart, Resident #176 was yelling and screaming at their family, and they yelled ouch you're hurting me. The resident then yelled they beat me up last night. The 2/19/24 Investigation Form documented bruising noted have been identified from previous falls. The 2/20/24 Abuse Care Plan documented Resident #176 is at risk for misappropriation, neglect, abuse and/or exploitation related to cognitive status/cognitive impairment after a cerebrovascular accident and is dependence on others for care. Interventions included monitor the resident for signs/symptoms of abuse, neglect, misappropriation, and/or exploitation and report to the facility's abuse officer and medical provider. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/20/24 at 03:13 PM, Registered Nurse Unit Manager #1 stated Resident #176 came back from the hospital with bruises on their forehead that were not consistent with falls they had. They stated the investigation was not done thoroughly because there were reports from staff that the resident's family and the resident were verbally abusive to one another. Registered Nurse Unit Manager #1 stated based on the Licensed Practical Nurse #11 and Certified Nurse Aide #9, abuse and/or neglect should not have been ruled out. During an interview on 11/21/24 at 01:56 PM, the Medical Director stated they were never made aware of an abuse allegation. They stated an investigation would not be complete until they are notified that they need to assess the resident. During an interview on 11/21/24 at 05:41 PM, the Complainant stated that on numerous occasions, they reported to the facility that Resident #176 verbalized to them that staff were beating them up, and that they had meetings with Registered Nurse Unit Manager #1 and the Administrator to address their concerns and nothing was done. The Complainant stated that Resident #176 had bruises in places not consistent with the falls and that when they would visit and they saw a new bruise, they would ask if the resident fell, and they would get told no. During an interview on 11/22/24 at 10:27 AM, Licensed Practical Nurse #11 stated a few days prior to the facility investigating alleged abuse, they heard Resident #176 yelling and screaming that someone was hurting them, and that they did not go tend to the resident because the resident was always fighting with the boyfriend, and they did not think much of it. Licensed Practical Nurse #11 stated on a few occasions, they would hear Resident #176's boyfriend being verbally abusive to them. They stated the resident made statements that they were raped by two men and were being abused and the facility was aware but they did not remember if an investigation was done. During an interview on 11/22/24 at 01:42 PM, the Administrator stated the previous Director of Nursing did the investigation for alleged abuse and documented the bruises were from prior falls and confirmed that Resident #176's last fall was on 2/5/24 in which they had no injuries noted. The Administrator stated they ruled out abuse and neglect because they received statements from staff, interviewed residents and no one ever witnessed or saw anything. When asked why they did not take Licensed Practical Nurse #11 and Certified Nurse Aide #9 statements into consideration, the Administrator had no response. During an interview on 11/22/24 at 02:39 PM, the Director of Nursing stated if a resident's family reports they observed bruises on a resident's skin, they would look at prior Accident and Incident Reports and see if the bruises are consistent with falls. The Director of Nursing stated based on the investigation, it was not done thoroughly and the statements from Certified Nurse Aide #9 and Licensed Practical Nurse #11 should have been taken seriously, especially since they wrote statements that they heard Resident #176 yelling someone was hitting them prior to the family reporting the bruises. 10 NYCRR 415.4(b)(3)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. Based on record review and interview conducted during the recertification survey from 11/14/24 to 11/22/24, the facility did not ensure that the resident and/or resident representative were notified in writing of the reason for the transfer/discharge to the hospital in a language that they understood and that a copy of the notice was sent to a representative of the Office of the State Long-Term Care Ombudsman for 1 of 3 resident (Resident #63) reviewed for hospitalization. The findings are: Resident #63's diagnoses included Acute Kidney Failure, Neuromuscular Dysfunction of Bladder and Encephalopathy. The 5/7/24 Situation Background, Assessment and Recommendation documented send to the hospital for further evaluation Blood in stool, Gastrointestinal bleed. Family notified. The 5/7/24 Nursing Progress note documented called family representative to notify them the resident was being transferred to the hospital for possible Gastrointestinal Bleed. The 5/8/24 Nursing Progress Note documented Resident #63 was sent to the emergency room for evaluation due to an abnormal hemoglobin 6.9 or hematocrit 20.5 (low). The 5./8/24 Transfer Report documented the reason for transfer and that the family representative was notified by telephone of transfer. During an interview on 11/19/24 at 12:46 PM with Resident #63's family representative, they stated they were informed by telephone of the plan to send Resident #63 to the hospital in May 2024 and were in agreement with the plan. They stated they did not receive notification of transfer in writing. During an interview on 11/20/24 at 4:36 PM the Director of Nursing stated they were not able to locate/provide a copy of written transfer notification. They stated when a resident is transferred to the hospital, the nurse who is in charge of transfer is responsible for filling out the form. They stated the form is a triplicate and one copy goes to hospital with resident, one goes to medical record paper at the facility, and one is sent to the resident contact/family. They stated the Ombudsman is notified monthly via email or sometimes at the time of transfer. They stated the Social Worker would be responsible for notifying the Ombudsman and resident family. They stated the facility Social Worker terminated employment on September 25, 2024, and has not yet been replaced. They stated they were unable to locate Ombudsman notification from May 2024 for Resident #63. 10 NYCRR 415.3(h)(1)(iii) (a-c)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Based on observation, record review and interview conducted during the Recertification and Abbreviated Surveys (NY00336697 and NY00324141) from 11/14/24 to 11/22/24, the facility did not ensure 2 (Residents #174 and #177) of 2 residents reviewed for Quality of Care received treatment and care in accordance with the professional standards of practice, the comprehensive person-centered care plan, and the residents' choice. Specifically, 1.) for Resident #174 who was admitted with a wearable defibrillator (Life Vest) related to a history of Sudden Cardiac Arrest, became unresponsive on 3/16/24 the nurse tending to the resident documented they pushed the response button. Additionally, there were multiple omissions on the March Medication Record that the nurses were not addressing and signing for the Life Vest as per physician order and 2.) for Resident #177 with diagnosis of Type 1 Diabetes Mellitus and history of Diabetic Ketoacidosis there were multiple omissions in the Medication Administration Record for insulin administration/ blood sugar monitoring from 5/2024-7/2024. The findings are: The facility policy title Life Vest last revised on 2/2020 documented only the resident is responsible for pressing response buttons. If you're with the patient when the life vest alarms and sends out a voice alert, don't press the response button. 1. Resident #174 was admitted with diagnosis including but not limited to atherosclerotic heart disease, cardiomyopathy, heart failure, and ventricular tachycardia. The 3/15/24 Defibrillator Care Plan documented Resident #174 has a wearable defibrillator (Life Vest) related to a history of Sudden Cardiac Arrest. Interventions included determine responsiveness, and only the resident is responsible for pressing the response button. The 3/13/24 Physician Order documented monitor every shift for correct placement and functioning of the Life Vest. Resident is to always wear the life vest except when showering/vigorous cardiac rehabilitation. The Physician Order to monitor the Life Vest every shift for correct placement and functioning, and resident to always wear the Life Vest except when showering/vigorous cardiac rehabilitation was not documented in the March Medication Administration Record on 3/13/24 (3pm), 3/12/24 and 3/15/24 (7 am/11pm). The 3/13/24 Physician Order documented to change the battery on the Life Vest daily, every shift to maintain battery charge and replace the used battery on the charger. The Physician Order every day shift for maintenance, change Life Vest battery was not documented in the March Medication Administration Record on 3/15/24 at 7am. The Physician Order March 2024 Medication and Treatment Administration ensure Life Vest every shift ensure backup battery was not documented in the March 2024 Medication and Treatment Administration on 3/12/24 and 3/13/24 (3pm), 3/12/24 and 3/15/24 (7am/11pm). The 3/12/24 Medical Order Form from the heart center documented Life Vest to be started on 3/13/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 3/13/24 Physicians Order documented care/maintenance and monitor placement of life vest always worn except for hygiene (do not get wet), battery is to be removed before removing Life Vest by the Licensed Staff. Monitor circulation and skin integrity. The Physician Order care/maintenance and monitor placement of life vest always worn except for hygiene (do not get wet), battery is to be removed before removing Life Vest by the Licensed Staff. Monitor circulation and skin integrity was not documented in the March 2024 Medication and Treatment Administration on 3/13/24 (3pm), 3/12/24 and 3/15/24 (7 am/11pm). The 3/16/24 Life Vest Inservice Attendance Record documented only the resident is responsible for pressing the response button/do not touch the patient when there are loud two-time sirens broadcasting from the Life Vest. The patient may be in the progress of receiving a shock and you can be shocked if you are touching them at this time. The 3/16/24 at 7:57 am Nursing Progress Note by Licensed #2 documented approximately 1:55 am Unit B Licensed Practical Nurse heard a beeping sound coming from Resident #174's room and noticed Resident #174 was unresponsive and the Life Vest was alarming. As the resident was unable to hit the shock button, the Licensed Practical Nurse delivered shock. During an interview on 11/18/24 at 10:07 am, Complainant #1 stated when Resident #174 became unresponsive, there were no Registered Nurses in the building. Complainant #1 stated the Director of Nursing knew on Friday 3/15/24, that Resident #174 was declining and did not put care instructions in place for the weekend or call the facility to check on Resident #174. Complainant #1 stated they had no staff to care for the highly medically complex resident. Complainant #1 stated Resident #174 had a Life Vest that is supposed to send a shock to the heart if they have an abnormal rhythm, and Resident #174 was unable to shock themselves. They stated when the alarm on the Life Vest went off, the Nurse caring for Resident #174 pushed the response button, although they were in serviced that only the resident can push the response button. During an interview on 11/18/24 at 3:44 pm, Licensed Practical Nurse #2 stated while doing rounds on 3/15/24 during the night shift, they found Resident #174 unresponsive, and the Life Vest was beeping. Licensed Practical Nurse #2 stated they pushed the response button because the resident was unable. Licensed Practical Nurse #2 stated they received Life Vest training and knew how to operate it, but they were unsure if they should have pushed the button but, were thinking quickly and wanted to help the resident. Licensed Practical Nurse #2 stated there were no Registered Nurses in the building at the time, They stated a Licensed Practical Nurse and Certified Nurse Aide helped with the full code. During an interview on a 11/19/24 at 9:24 am Registered Nurse Unit Manager #1 stated Licensed Practical Nurse #2 called them after initiation of the emergency response system and informed them they pushed the Life Vest response button when Resident #174 became unresponsive. Registered Nurse Unit Manager #1 stated nurses were trained to not push the response button even if the resident becomes unresponsive/ if doing cardiopulmonary resuscitation. During an interview on 11/21/24 at 1:34 pm the Medical Director stated when a resident is wearing a Life Vest, only the resident is supposed to deliver the shock. They stated the Life Vest detects rhythm automatically. The Medical Director stated they expect nurses to document and sign off on all physician orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/22/24 at 3:16 pm, the Director of Nursing stated all staff should follow the Life Vest policy and procedure and should not push the response button if a resident becomes unresponsive. They stated staff has been trained and receive refresher courses on the Life Vest. The Director of Nursing stated the unit manager should review the dashboard to see if medications were given. and review with the team and if anything is noted, it should be investigated and addressed, and if meds are not given for anything, they should be documenting, and if the resident refuses, the physician must be notified to receive orders and interventions to be implemented. 2. The Policy titled Insulin Administration last reviewed on 1/2020 documented resident blood sugar and insulin administration should be documented. Resident #177 was admitted with diagnosis including but not limited to diabetes mellitus Type 1, colostomy status, and protein calorie malnutrition. The 4/22/24 admission Minimum Data Set documented Resident #177 had intact cognition and was receiving insulin. The 4/21/24 Diabetes Care Plan documented diabetes mellitus type 1, administer medication as ordered and monitor blood glucose finger stick as per physicians' orders. The 6/27/24 Physician Order documented 30 units of Insulin Glargine in the morning for diabetes mellitus The 6/27/24 Physician Order documented 8 units of Humalog two times a day with breakfast and dinner for diabetes mellitus. There was no documented evidence in the May 2024 Medication Administration Record for blood sugar monitoring on 5/4/24 at 7:30am and 11:30am-BS 300 on 5/6/24 at 7:30am and 11:30 am-BS 315 at 5 pm, 5/18/24 at 5pm. The May 2024 Medication Administration Record documented blood sugar monitoring on 5/11/24 was 228 at 7:30 and 228 at 11:30 am There was no documented evidence in the May 2024 Medication Administration Record for administration of Humalog Kwikpen (5 units) on 5/4/24 at 9am/1pm and 5/18/24 at 6:30pm and Humalog Kwikpen (8 units) on 5/4/24 at 8am, 5/6/24 at 8am, and 5/8/24 at 5pm, The May 2024 Medication Administration Record for blood sugar monitoring on 5/26/24 at 7:30 was 400 and 8 units were given, and 5/27/24 at 7:30 am was 489. There was no documented evidence in the June 2024 Medication Administration Record for administration of Humalog Kwikpen(8 units) on 6/5/24 at 5pm and blood sugar monitoring on 6/4524 at 9pm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/21/24 at 1:43 pm, the Medical Director stated they should be notified if a resident's blood sugar is over 400 or below 70, and residents should receive physician ordered insulin. They stated if insulin is not administered, staff should document the reason in the progress notes/medication administration record and notify the physician. The Medical Director stated they review blood sugar monitoring/administration of insulin in the electronic record and if not accurately documented they would not know if the diabetes is being managed properly. The Medical Director stated if the resident is on a sliding scale, they cannot receive coverage if the blood sugar is not done. They stated if something is not documented in the Medication Administration Record, then it was not done. During an interview on 11/22/24 at 12:27pm, Registered Nurse Unit Manager #1 stated nurses are responsible for ensuring they sign off on medications, and the facility started coming down on the nurses for not signing for medications. Registered Nurse Unit Manager #1 stated if nurses did not sign for administration of insulin and sliding scale, then it was not given, and stated they would not know if a resident received the insulin. Registered Nurse Unit Manager #1 stated it was important for Resident #177 to receive the physician ordered insulin because they always had high blood sugars. During an interview on 11/22/24 3:35 pm, the Director of Nursing stated nurses are responsible to check the medications on dashboards, and nurses are responsible for ensuring residents get their medications according to physician orders. The Director Nursing stated if medications are not documented in the Medication Administration Record, they were not given, and that if the resident had a sliding scale, the findings of the blood sugar should be documented in order to be able to administer the insulin. 10NYCRR415.12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, observation and interview conducted during the recertification and complaint (NY00336704) surveys from 11/14/24 to 11/22/24, the facility did not ensure adequate supervision to prevent accidents for 1 (Residents #176) of 5 residents reviewed for Accidents. Specifically, fall risk assessments were not completed to identify Resident #176's risk for accident and need for supervision after falls on 1/26/24, 1/28/24, and 2/1/24. There was no documented evidence of enhanced monitoring and one to one supervision as per the 2/27/24 Accident and Incident Report after Resident #176 verbalized suicidal ideation. Additionally, Resident #176 had one unwitnessed fall on 1/28/24, two on 2/1/24, two on 2/22/24, 2/27/24, 2/29/24, 3/11/24, and one on 3/19/24 and there was no documented evidence neurological checks were done to assess for neurological status or underlying conditions. Findings include: The facility policy titled Falls Management and prevention last revised 1/2023 documented obtain neurological checks per policy for any unwitnessed fall or any fall with evidence of injury to the head. Fall risk assessments will be completed for all residents; initially on admission / readmission, quarterly, significant change and after an identified fall. Resident #176 was admitted with diagnosis including but not limited to anxiety, cerebral infarction, right hemiplegia, and unspecified psychosis. The 1/26/24 Accident and Incident Report documented at 3:30 pm, Resident #176 had a witnessed fall in the common area and slid from their wheelchair at 3:30 pm. No injuries were noted. There was no documented evidence of a fall risk assessment after the 1/26/24 fall. The 1/28/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall and was found on the floor next to their bed in their room at 1:45 am. There was bruise on the left knee, they guarded their hip. Sent to the emergency department for evaluation. There was no documented evidence of a fall risk assessment/neurological checks after the 1/28/24 fall. The 1/30/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room at 5:00 pm, and neurological checks were initiated. There was no documented evidence of neurological checks being initiated after the 1/30/24 fall, as per the Accident and Incident Report. The 2/1/24 admission Minimum Data Set Assessment documented Resident #176 had severely impaired cognition, and required extensive assist with toileting and bed mobility. The 2/1/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall and was found lying on the floor in their room at 4 pm. There bruises noted to the right and left hips. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	There was no documented evidence of neurological checks being initiated after the he 2/1/24 at 4 pm fall. The 2/1/24 Accident and Incident report documented at 11:15 am, Resident #176 had an unwitnessed fall in the dining room and was found sitting on the foot/leg rests of their wheelchair. There was no documented evidence of a fall risk assessment/neurological checks after the 2/1/24 at 11:15 am fall. The 2/22/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall and was observed lying on their side on the floor next to the door in their room at 10:35 pm. There was no documented evidence of neurological checks after the 2/22/24 at 10:35 pm fall. The 2/22/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room and was found lying on the floor with their head against the wall at 1:45 pm. Neurological checks initiated. There was no documented evidence of neurological checks being initiated after the 2/22/24 at 1:45 pm fall, as per the Accident and Incident Report. There was no documented evidence of the Fall Care Plan being reviewed and revised until 2/27/24. The 2/27/24 Accident and Incident Report documented at 3:00 pm, Resident #176 verbalized suicidal ideation. No injuries were noted. Care plan was updated. Resident was placed on enhanced monitoring and one on one supervision implemented. There was no documented evidence of enhanced monitoring/one to one supervision was initiated after the 2/27/24 at 3:00 pm incident, as per the Accident and Incident Report. There Suicide Care Plan was last revised on 2/5/24.There was no documented evidence of a care Plan update to to reflect the 2/27/24 suicidal ideation. The 2/27/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room and was found on the floor lying on their left side next to the radiator at 3:00 pm. Resident #176 complained of back pain, had a laceration to right their eyebrow, and an abrasion to their right lower leg. Resident transferred to the emergency room due to complaints of back pain. The 2/29/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room and was found sitting on the floor at 10am. No injuries were noted. There was no documented evidence of neurological checks after the 2/29/24 fall. The 3/11/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room and was found lying on the floor next to their bed at 9:11 am. There was no documented evidence of neurological checks after the 3/11/24 fall. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The 3/19/24 Accident and Incident Report documented Resident #176 had an unwitnessed fall in their room and was found lying next to their bed at 2:30 pm. No injuries noted. Sent to emergency department for evaluation. Staff noticed the resident had another bruise on their forehead. Resident does maintain another bruise 1-cmx13cm light purple in color, skin is intact. Certified Nurse Aide was walking in the room and noted the resident on the floor off the mattress. The 3/19/24 change in skin condition evaluation due to falls documented there was discoloration to the forehead and no other changes noted. Resident #176 was sent to the emergency department for further work up. The 3/20/24 emergency room discharge summary documented Resident #176 was admitted on [DATE] with ecchymosis to their periorbital/forehead, and a skin avulsion was noted to their right shin. During an interview on 11/20/24 at 3:13 pm, Registered Nurse Unit Manager #1 stated when a resident is on one to one supervision, the staff document on paper and there is no solid method to keep track/papers get lost, and that neurological checks should have been uploaded into the computer. Registered Nurse Unit Manager #1 stated if a resident has an unwitnessed fall, neurological checks must be done. Registered Nurse Unit Manager #1 stated Resident #176 should have been placed on permanent one to one supervision because the resident had multiple falls, and had no impulse control. They stated the facility does not like placing resident/s on one to one supervision due to staffing. Registered Nurse Unit Manager #1 stated if a resident has suicidal ideation , they are immediately placed on one to one supervisor and the care plan must be updated. On 11/21/24 at 12:15 pm, the Administrator stated they were unable to locate neurological checks for Resident # 176. During an interview on 11/21/24 at 1:56 pm,the Medical Director stated they will place a resident on one to one supervision when the resident is suicidal, and they must be cleared by the Psychiatrist before removing the one to one supervision. The Medical Director stated if a resident has an unwitnessed fall or hit their head. During an interview on 11/21/24 at 5:41 pm, the Complainant stated every time they visited, Resident #176 was always lying on the floor, and stated that on one visit, the resident had their head against the wall. They stated they requested on multiple occasions to move the radiator that was in the residents room up against the wall due to the corners and it being unsafe for the resident because the resident goes on the floor. During an interview on 11/22/24 at 11:20 am, Certified Nurse Aide #5 stated when a resident is having falls, the nurse will verbally tell them the resident is on one to one supervision, but the instructions will not go to the Certified Nurse Aide [NAME]. Certified Nurse Aide #5 stated they have been employed in the facility since 2013 and never documented one to one supervision or 15 min checks, and has never seen such instructions in the [NAME]. Certified Nurse Aide #5 stated even when a resident is on one to one supervision, they do not have the staff and the resident will go without one to one supervision. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an in interview on 11/22/24 02:39 pm, the Director of Nursing stated prior to 9/2024, neurological checks were not being done consistently and they were supposed to be uploaded.They stated they were unable to locate any of Resident #176's neurological checks. The Director of Nursing stated, starting 9/2024, they implemented a new system to keep track of neurological checks. They stated neurological checks are now kept in a binder on the unit and the nurses should be communicating to each other. The Director of Nursing stated all care plans should be reviewed and noted, everything should be documented even if there are no new revisions. 10NYCRR415.12(h)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 - Few	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** Based on record review and interview conducted during the recertification from 11/14/24 to 11/22/24, the facility did not ensure there was sufficient nursing staff to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, the staffing schedule from 10/10/24 through 11/21/24 revealed the facility did not consistently provide adequate staffing on all units/shifts to meet the needs of the resident/s 35/43 days reviewed. The findings are: The Facility Wide assessment dated [DATE] documented Day shift, Units A and B: 2 nurses/5 certified nurse aides per unit. Evening shift: 2 nurses/4 certified nurse aides per unit. Night shift: 1 nurse/2 certified nurse aides per unit. The facility staffing from October 10, 2024 through November 21, 2024 and the staffing plan based on Facility Wide Assessment, documented the facility was understaffed 35/43 days for Certified Nurse Aides. During a Resident Council meeting on 11/15/24 ad 1:32 PM, Resident #23 stated call bells are not being answered timely. Residents can wait almost 30 minutes for a response, especially on B unit. Resident #23 stated at night staffing is short and needs are not being met. During an interview on 11/14/24 at 10:41 AM, Resident #57 and Representative stated staff ignore residents at night and can be rude. They stated staffing appears short all shifts, but the night shift is particularly bad. The representative stated staff sleep, are on phones, or watching television at night. Resident and representative stated call bells are not answered at night. During an interview and observation on 11/14/24 at 12:01 PM, Resident #25 stated staff treat them well, however, the facility is short-staffed often. The short-staffing varies by shift. Resident #25 stated they have to wait extended times for requested pain medications. During an interview on 11/19/24 at 01:09 PM, family representative of Resident #61 stated the facility is short staffed daily. They stated staff are not friendly and often have attitudes. They stated there can be long wait time for services such as medication administration and feeding of residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 - Few	During an interview on 11/20/24 at 10:17 AM the Staffing Coordinator stated daily staffing is determined by census and the minimum staffing requirements for each unit. Five certified nurse assistants for 7:00AM-3:00PM shift on both units and 2 nurse staff for each unit. The 3:00PM - 11:00PM shift: 4 certified nurse assistants per unit and 2 nurse staff. The 11:00PM to 7:00AM shift: 2 certified nurse assistants and 1 nurse per unit. They stated there have been shifts when units are understaffed. They stated call-outs are handled by calling staff that is off. Staff on duty are offered to stay and given a shift off for covering. Overtime is offered. Bonuses not frequently offered and require approval. They stated some certified nurse staff have discussed workload concerns with them in the past. They stated when this has occurred, certified nurse aides will be offered time off and attempts made to improve staffing on units.They stated contract travel agencies are used for certified nurse aide recruitment and local agencies rarely used for licensed practical nurses only. They stated the facility is always recruiting for local staff. During an interview on 11/21/24 at 10:32 AM the Director of Nursing stated staffing difficulties are present and universal in the industry. They stated since July 2024 when they started employment at the facility, there have been staffing challenges, but tremendous progress has been made. The facility continues recruiting for certified nurse assistants, licensed practical nurses and registered nurses. They stated the facility recently hired a registered nurse unit manager, a registered nurse Assistant Director of Nursing, and a registered nurse Supervisor. They stated certified nurse aides are primarily hired through a travel agency. Local recruitment is difficult due to competition in the area. During an interview on 11/22/24 at 10:45 AM Licensed Practical Nurse #3 stated staffing has been horrible at times, especially at weekends. They stated the shortage of certified nurse aides affects residents because cares are hurried. They stated they have to perform certified nurse aide duties frequently because of short staffing. They stated there have been occasions at night when there is only one or no certified nurse aide was on duty. When this occurs, they perform medication administration and certified nurse aide duties. They stated the facility has a high turnover due to the use of traveling certified nurse aides. They stated training for traveling aides could be improved, such as training on New York State regulations (allowable certified nurse aide tasks vary from state to state. They stated residents are not happy with constant turnover of staff. During an interview on 1/22/24 at 02:22 PM the Administrator stated the facility has had a lot of difficulty hiring locally and staffing could be challenging. The Administrator stated the use of travel certified nurse aides has assisted the facility meet their staffing numbers. NY CRR 415.13(a)(1)(i-iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview conducted during the recertification survey from 11/14/24 to 11/22/24, the facility did ensure that a Registered Nurse worked eight cosecutive hours a day, seven days a week. Specifically, the facility was unable to provide documented evidence that a Registered Nurse worked 10/20/24, 11/2/24, 11/3/24, 11/16/24, 11/17/24. Findings include: The Facility Wide assessment dated [DATE] documented the staffing plan as follows: Day shift unit A and B: 2 nurses each unit. Evening shift units A and B: two nurses each unit. Night shift Units A and B: 1 nurse each unit. The Facility Wide Assessment does not include Registered Nurse for at least eight consecutive hours per day, seven days per week as per the regulations. The 10/10/24-11/21/24 Daily Nurse Staffing Roster documented the facility did not have a Registered Nurse at least 8 consecutive hours a day for 7 days a week on 10/20/24, 11/2/24, 11/3/24, 11/16/24, 11/17/24. During an interview on 11/20/24 at 10:17 AM the Staffing Coordinator stated there have been occasions on weekends when the facility has not had a Registered Nurse in the building. They stated the facility have a Registered Nurse on staff who works every other weekend from 7:00AM-3:00PM and the remaining weekends are covered by Licensed Practical Nurse staff. They stated the Director of Nursing and/or Unit Managers are on-call when a Registered Nurse in not in the building. They stated the facility is actively recruiting for Registered Nurse staff. During an interview on 11/21/24 at 10:32 AM the Director of Nursing stated there have been weekends when there has not been a Registered Nurse in the facility. During days when there is no Registered Nurse in the facility there is a telehealth line at the nurse station which provides mid-level coverage by a Physician Assistant/Nurse Practitioner. They stated they are also on-call and live locally so they can present to the facility if a Registered Nurse is needed. They stated there are other Registered Nurses in the facility who also participate in the on-call rotation. They stated staffing has been challenging and efforts are in place to hire additional Registered Nurses. During an interview on 11/22/24 at 10:45 AM Licensed Practical Nurse #3 stated the facility does not have a Registered Nurse at night or every other weekend days. They stated they work every other weekend and at times there is no Registered Nurse in the building. If a situation occurs where a Registered Nurse is needed, they call the Director of Nursing who is on-call. They stated the Director of Nursing or on-call Registered Nurse will present to the facility. During an interview on 1/22/24 at 02:22 PM the Administrator stated the facility has had a lot of difficulty hiring locally and that staffing could be challenging. 10NYCRR 415.13(b)(1)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0730 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observe each nurse aide's job performance and give regular training. Based on record review and interview conducted during the recertification survey from 11/16/2024 to 11/22/2024, the facility did not ensure Annual Performance Reviews were completed at least once every 12 months. Specifically, the facility was unable to provide Annual Performance Reviews for 3 of 5 Staff Members (#9, #10, #12) reviewed. The findings are: The facility policy titled Employee Evaluations, dated 9/29/2019, documented: A performance evaluation will be completed on each employee at least annually. During an interview and record review with the Assistant Director of Nursing/Nurse Educator on 11/20/24 at 11:07 AM, they stated they were not able to provide documentation of an Annual Performance Review for Staff Members (#9, #10, #12). They stated they are new to the facility and have not completed annual performance reviews as of yet. During an interview and record review with the Director of Nursing on 11/20/24 at 11:07 AM, they stated they were aware the Assistant Director of Nursing/Nurse Educator was not able to provide documentation of an Annual Performance Review for Staff #9, #10, and #12. 10NYCRR 415.26 (c)(2)(iii)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review conducted during the recertification survey from 11/14/2024 to 11/22/2024, the facility did not ensure the attending physician documented in the resident's medical record that the identified drug regimen review recommendations were reviewed, and any action taken to address recommendations were completed. This was evident for 1 (Resident #42) of 5 residents reviewed for unnecessary medications, psychotropic medications and medication regimen review. Specifically, there was no documented evidence the Medical Director reviewed and responded to Resident #42's Drug Regimen Reviews dated June 2024. The findings are: The facility policy title Medication Regimen Reviews (revised 11/2021) documented the Consultant Pharmacist reviews the medication regimen of each resident at least monthly. The Consultant Pharmacist performs a medication regimen review (MRR) for every resident in the facility receiving medication. The attending physician documents in the medical record that the irregularity has been reviewed and (if any) action was taken to address it within 30 days of receiving the report. Resident #42 was admitted with diagnoses including but not limited to Diabetes Mellitus II with Hyperglycemia, Cardiac Arrythmia and Depression. The Drug Regimen Review for Resident #42 dated June 2024 documented Discrepancy between psychiatry recommendation and actual prescription Psychiatry consult 6/18/24 recommendations: Increase Sertraline to 100 mg. PO daily for depression. Current order Sertraline HCL tablet. Give 75 milligrams by mouth one time day for depression. The Drug Regimen Review was not signed or dated by Medical Director, disagreement or recommendation was not documented in electronic medical record, and an order for an increase in sertraline hcl to 100 milligrams was not documented in electronic medical record. The physician order dated 6/4/24 documented Sertraline HCl Tablet Give 75 milligrams by mouth one time a day for Depression. The physician order dated 8/29/24 documented Sertraline HCl Tablet 50 Milligrams. Give 1.5 tablet by mouth one time a day for Depression. The physician order dated 10/7/24 documented Sertraline HCl Tablet 50 milligrams. Give 1.5 tablet by mouth in the evening for Depression. The Drug Regimen Review dated June 2024 documented consider a lipid profile to monitor Atorvastatin Calcium tablet 20 milligram. Statin monitoring lipid panel 4-12 weeks after statin initiation then every 3 to 12 months. Consider dose reduction if two consecutive LDL measurements are less than 40 mg. dl (1.03 mmol/L). Check ALT at baseline. Repeat if symptoms of hepatotoxicity occur. The Drug Regimen Review was not signed or dated by Medical Director, disagreement or recommendation was not documented in electronic medical record. A lipid profile was completed on 7/5/24 and 10/16/24. The Physician Order dated 10/3/24 documented: Lipid Panel (thyroid profile I). One time only related to presence of cardiac pacemaker. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 11/21/24 at 10:26 AM the Director of Nursing stated Drug Regimen Reviews from the pharmacy are printed monthly or as needed if a change/recommendation is indicated and provided to attending physician for review. They stated they email Pharmacy Drug Regimen reviews to Unit Managers to print and place in the Medical Director review folder located at the nurse stations. They stated the June 2024 Drug Regimen Reviews for Resident #42 were not signed and dated by the physician and there was no documented reply to the recommendation. During an interview on 11/21/24 at 2:20 PM the Medical Director, stated Pharmacy sends the Drug Regimen Reviews to the facility, facility prints them out and places in Medical Director folders on each unit. They stated they are present in facility about four days a week and they review Medical Director folders on units daily when present. They stated upon review of Drug Regimen Reviews, they agree, disagree, or provide alternative recommendation, if applicable. They sign and return reviewed Drug Regiment Reviews to the folder for unit managers to review and upload to electronic medical record or provide to Director of Nursing. During the interview, the two Drug Regimen Reviews from June 2024 were observed. The Medical Director stated since there was no signature or date on the form, they did not receive the form for review. They stated if they provide a new order after reviewing a Drug Regimen Review, the Unit Manager or Director of Nursing would enter the order into electronic medical record for Medical Director to approve. 10 NYCRR 415.18(c)(2)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain dental services for each resident. Based on observation, record review and interview conducted during a recertification survey 11/14/22-11/22/24, the facility did not ensure necessary dental services were provided in a timely manner for 1 of 1 resident (Resident #25) reviewed for Dental Services. Specifically, Resident #25 was not provided routine dental services since their 2/29/24 admission to facility. The findings are: The facility policy titled Dental Services, last revised 9/2019, documented routine and emergency dental services are available to meet the resident's oral health care needs based upon resident assessment and plan of care. Resident #25 was admitted with diagnoses including but not limited to Peripheral Vascular Disease, Major Depressive Disorder, and Acquired Absence of Left Leg above Knee. The Quarterly Minimum Data Set (resident assessment tool) dated 11/3/24 documented Resident #25 had intact cognition. There was no documented evidence of a Dental Consult for Resident #25. During an interview and observation on 11/19/24 at 9:31 AM, Resident #25 stated they have not received a routine dental consultation since their 2/29/24 admission. Resident #25 was observed edentulous during interview. Resident #25 stated they have had dentures (upper) in the past, prior to admission, which required adjustment and never fit right. Resident #25 stated they did not have dentures in place upon admission to facility. Resident #25 stated they would like to have dentures in place to assist with eating. During an interview on 11/22/24 at 05:31 PM the Director of Nursing stated the facility has a dental consultant who visits the monthly and as needed. They stated residents are followed routinely and have follow-up visits for episodic issues. Long-term residents seen routinely. They were not sure of exact visit cycle. Community dental appointments are assisted through the facility and transportation provided. They stated that any member of the nursing team can report observed resident concerns to the unit manager or Assistant Director of Nursing. The Director of Nursing stated they will discuss Resident #25's concern with the physician and if in agreement, an order can be placed for a dental consult. 10 NY CRR 415.17(a-d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation and interview during the Recertification survey from 11/14/24 to 11/22/24, the facility did not ensure residents were provided food and drink that is palatable, attractive, and at a safe and appetizing temperature. Specifically, food was not served at palatable and safe temperatures for 2 of 3 residents (Resident #17 and Resident #23) reviewed for Food. The findings are: The Policy titled Food Temperatures last reviewed 3/2023 documented temperatures of cold and hot food items will be recorded on all menu items and substitutions for meal service to maintain a high level of quality and to monitor potentially hazardous food temperatures as per state and federal regulations thus ensuring that food is provided in a safe, palatable manner. All employees are responsible to notify their supervisor of any food item that does not meet the regulated safe acceptable service ranges (at or below 41 degrees Fahrenheit or above 135 degrees Fahrenheit). During an interview on 11/15/24 at 11:27 AM Resident #17 stated they do not like the food, the food is always cold. During an interview on 11/14/24 at 12:55 PM and on 11/15/24 at 11:24 AM Resident #23 stated they do not like the food, the food is served cold. On 11/21/24 at 1:01 PM temperatures were checked on a test tray by the Dietary Technician and registered as follows: pork gravy 103.3 degrees Fahrenheit, mashed potatoes 123.4 degrees Fahrenheit, cooked carrots 102.6 degrees Fahrenheit, cranberry juice 62 degrees Fahrenheit. The Dietary Technician stated they could not explain the reason food had a low temperature. During an interview on 11/21/24 at 1:03 PM the Dietary Technician stated the food and cold beverages were at acceptable temperatures when they left the kitchen. 10NYCRR 415.14 (d)(1)(2).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, record review and interview conducted during the Recertification Surveys from 11/14/24 to 11/22/24, the facility did not ensure food was stored, prepared, distributed, and served in accordance with professional standards for food service safety. Specifically, there was undated ice cream in the meat freezer and vegetable freezer, a dietary aide was observed in the kitchen without a beard covering, there was 8 boxes of deluxe original cheddar macaroni noodles with an expiration date of 11/1/24 in the emergency food supply room, and the ceiling in the emergency food room was peeling and had black/brown stains. The findings are: The facility policy titled Food service last revised on 5/10/24 documented dry storage rooms must be well ventilated. All storage areas should have adequate illumination with temperature and humidity controls to prevent condensation of moisture and growth of mold. All refrigerated foods should be covered, labeled, and dated. All foods will be checked to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. All frozen foods should be covered, labeled, and dated. All foods will be checked to assure that foods will be consumed by their safe use by dates or discarded. All frozen leftovers must be used within 30 days. The facility policy titled Sanitation Policy last revised on 1/2023 documented the food service area shall be maintained in a clean and sanitary manner. The facility policy titled Maintenance Services last revised 8/2019 the Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operable manner at all times. During an initial tour of the kitchen on 11/14/24 at 10:08 AM, there were three buckets of chocolate, vanilla, and strawberry ice cream undated in the meat freezer, there were unlabeled and undated individual packs of three 4 ounce burgers, there was a 10 lb box of opened and undated 2.5 ounce steak sandwiches, there was an opened and undated box of cheese pizza with 6 of 54 slices remaining, there was an opened and undated bag of frozen boneless skinless chicken breast, there was an opened and undated pack of hot dogs, there was one box of undated and opened precooked flat lasagna sheets, there was an opened and undated 10 lb box of whole strawberries with freezer burn, there was a bag of opened and undated French toast(5 left) and full bag of French toast with ice accumulation inside, there was 3 bags of garlic toast with 6 loose toast unlabeled and undated, there was an open and undated 20 pound box of diced carrots in the vegetable freezer, there was a loose bag of peas opened and undated with no box on the bottom of the vegetable freezer, a dietary aide was observed in the kitchen without a beard covering, there was 8 boxes of deluxe original cheddar macaroni noodles with expiration date of 11/1/24 in the emergency food supply room, and the ceiling in the emergency food room was peeling and had black/brown stains. On 11/14/24 at 10:31 AM, Dietary Aide #3 was observed in the kitchen near food, with a beard and was not wearing a beard covering (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/15/24 at 1:13 PM, there were 8 boxes of deluxe original cheddar macaroni noodles with an expiration date of 11/1/24 in the emergency food supply room, and the ceiling in the emergency food supply room was peeling and had a black/brown substance. During an interview on 11/15/24 at 01:13 PM, the Food Service Director stated hey became employed at the facility in March and the ceiling in the emergency food supply room has been damaged since that have been there On 11/18/24 at 9:57 AM, the corner and middle of the ceiling in the emergency room supply was peeling/stained. During an interview on 11/18/24 at 10:00 AM, the Food Service Director stated all dietary workers/staff entering the kitchen must wear a hair net and anyone with a beard must wear a beard covering while in the kitchen. The Director of Food Service stated all food items that are opened must be labeled and dated, and that there should not be freezer burn on the items. The Food Service Director stated they have been speaking to staff about labeling and dating foods in the kitchen. During an interview on 11/19/24 at 10:18 AM, the Director of Maintenance stated they were unaware the ceiling in the emergency food supply room had mold since they do not go in there and do not have anything to do with the room unless staff report to maintenance tat something is wrong. The Director of Maintenance stated it is probably a water leak. The Director of Maintenance stated the facility does not do work orders, and that maintenance is told verbally by staff what needs to be repaired. During an interview on 11/19/24 at 11:14 AM, the Director of Maintenance stated they scraped the ceiling in the emergency food supply room of flaking dead paint and that it was a water leak but they were unable to tell if it was mold. They stated they were not aware of the damaged ceiling and that it must have happened years ago. During an interview on 11/22/24 at 10:50 AM, Dietary Aide #3 stated they are aware they need to wear a beard covering when in the kitchen especially while preparing food, and that they forgot to wear one. 10NYCRR 415.14(h)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335188	A. Building B. Wing	11/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Paltz Center for Rehabilitation and Nursing	1 Jansen Road New Paltz, NY 12561

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 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on record review and interview conducted during a recertification survey from 11/14/24 to 11/22/24, the facility did not ensure Certified Nurse Aides were provided the required 12 hours of training and/or annual in-services to ensure safe delivery of care. Specifically, the facility was unable to provide documentation that 3 of 6 Certified Nurse Aides (#10, #14, and #15), reviewed for Certified Nurse Aide training, were provided 12 hours of mandatory training. The findings are: The facility policy titled: Staff Development and In-service Programming, revised 1/18/23, documented: Personnel shall participate in in-service training to remain current in knowledge which affects the delivery of services within the facility and meets Federal and State Requirements. Policy Implementation: Certified Nurse Aides shall complete any additional in-services / education as required by topic and numbers of hours in accordance with state and federal regulations (e.g., 12 hour minimum). Certified Nurse Aide #10: 6.5 hours of annual in-service training documentation was provided. Certified Nurse Aide #14: 3.5 hours of annual in-service training documentation was provided. Certified Nurse Aide #15: 3.0 hours of annual in-service training documentation was provided. During an interview on 11/20/24 at 12:04 PM the Assistant Director Nursing, stated they were not able to provide 12 hours of annual in-service training for Certified Nurse Aides #10, #14, and #15. They stated they have been employed by the facility since September, 2024, but had contacted the previous Assistant Director of Nursing and they were not able to provide additional hours of in-service training for Certified Nurse Aide #10, #14, and #15. During an interview on 11/20/24 at 12:04 PM, the Director of Nursing stated the Assistant Director of Nursing was not able to provide 12 hours of annual in-service training for Certified Nurse Aide #10, #14, and #15. 10 NYCRR 415.26 (c)(1)(iv)