

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335236	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2026
NAME OF PROVIDER OR SUPPLIER Robinson Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 28652 State Highway 23 Stamford, NY 12167	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interviews during a recertification and abbreviated survey, the facility did not ensure that alleged violations involving abuse, were reported immediately, but not later than two (2) hours after the allegation was made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, to officials (including to the State Agency). Additionally, the facility did not ensure a report of the results of all investigations were submitted to the State Agency, within five (5) working days of the incident, in accordance with State law for one (1) (Resident #125) of four (4) residents reviewed for abuse. Specifically, for Resident #125 an allegation of physical abuse reported by the resident on 2/05/2024 at 12:15 PM was not reported to the New York State Department of Health until 7:01 PM and the results of the investigation were not submitted until 2/13/2024. This is evidenced by Facility policy titled, Abuse-Prohibition Protocol, Types of Abuse, Response/Reporting, last revised 1/2025, documented any alleged violations involving mistreatment, neglect or abuse, including serious injuries of an unknown source must be reported to the Administrator/Designee, Director of Nursing/Designee or department director immediately. An immediate investigation must be made, and the findings of such investigation must be reported to the Administrator/Designee within 24 hours of the occurrence/discovery of such incident. To the NYSDOH (New York State Department of Health) via the Electronic Incident Reporting form within 24 hours of occurrence/discovery. The facility must report any suspected resident abuse immediately, and no later than (2) two hours after the allegation if the incident resulted in physical injury. All other reportable incidents are to be communicated to the New York State Department of Health within 24 hours. The facility is required to report the results of an investigation into an alleged abuse incident to the relevant authorities, such as the state Department of Health, within five business days of the incident occurring; essentially, they must provide a full report on their findings within that timeframe. Resident #125: Resident #125 was admitted to the facility with diagnoses of metabolic encephalopathy (a brain dysfunction caused by chemical imbalances in the body due to underlying metabolic disturbances), cerebral infarction (blood supply to part of the brain is blocked or reduced), hemiplegia (paralysis) of right dominant side. The Minimum Data Set (an assessment tool) dated 1/13/2024, documented the resident could usually be understood, could usually understand others, and had moderate cognitive impairment. The facility Investigation Summary dated 2/05/2024 documented on 2/05/2024 at 11:35 AM, the resident reported to a Certified Nurse Aide that a Licensed Practical Nurse shoved them in the chest the prior evening. A Nursing Home Incident Submission Report documented the facility submitted a report of the suspected physical abuse to The New York State Department of Health on 2/05/2024 at 7:01 PM. The New York State Department of Health Nursing Home Investigative Report Submission form documented the investigation report was submitted on 02/13/2024. During an interview on 2/12/2026, Administrator #1 stated that in subsequent interviews, Resident #125 reported the Nurse did not touch them, and the witness confirmed</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 335236	If continuation sheet Page 1 of 2

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>this information, so the allegation was unfounded.??They further stated that they did not recall why reporting of this was not completed within the reporting time frames. ?? 10 New York Codes, Rules, and Regulations 415.4(b)(2)?</p>