

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335337	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/06/2025
NAME OF PROVIDER OR SUPPLIER  Schaffer Extended Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  16 Guion Place New Rochelle, NY 10802	

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>43478</p> <p>Based on observation, interview, and record review conducted during the recertification and abbreviated surveys (NY00336728), the facility did not ensure all alleged violations of abuse were reported immediately, but not later than 2 hours to the state survey agency for 1 of 1 resident reviewed for Abuse (Resident #77). Specifically, Resident #77 was observed with a swollen right arm which was warm to touch and of unknown origin on 3/20/24 at 10:15 AM, and it was not reported to the state agency until 3/21/2024.</p> <p>Findings included:</p> <p>The policy titled Abuse, Neglect, Mistreatment and Exploitation last revised February 2025, documented an injury of unknown origin will be investigated with the assistance of the appropriate personnel. If the event which caused the allegation results in serious bodily injury they are reported immediately or no later than two hours.</p> <p>Resident #77 had diagnoses including dementia, hemiplegia and hemiparesis, and dysphagia.</p> <p>The 2/27/24 Quarterly Minimum Data Set (assessment tool) documented Resident #77 had severely impaired cognition, no behavioral symptoms, impairments to upper and lower extremities on both sides and was dependent on staff with all activities of daily living.</p> <p>The 3/20/24 Incident Investigation completed by Registered Nurse Unit Manager #1 documented they were informed on 3/20/24 around 10:30 AM the Certified Nurse Aide doing cares, observed the right upper arm swollen and tender, warm to touch, with limited range of motion, and facial grimace when moved.</p> <p>The 3/20/24 statement written by Licensed Practical Nurse #2 documented on 3/20/24 at 10:15 AM, the assigned Certified Nurse Aide reported Resident #77's right arm had swelling, was warm to touch, had limited range of motion, and the resident had facial grimace on movement.</p> <p>The 3/20/24 statement written by Certified Nurse Aide #5 documented on 3/20/24 at 10:15 AM during morning care while taking off Resident #77's gown, they observed the right hand was swollen and they called the nurse.</p> <p>The 3/20/24 at 12:54 PM X-Ray results documented fracture of the right humeral shaft.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Incident Investigation Report Summary, signed by Registered Nurse Unit Manager #1 documented the date of the incident 3/20/2024 at 10:15 AM, and the State Agency was notified by the former Assistant Director of Nursing.</p> <p>The 3/20/24 at 2:38 PM email from the former Director of Risk Management addressed to the facility Administrator, Director of Quality, former Director of Nursing, former Assistant Director of Nursing, and the Assistant Administrator among other facility staff, documented that although the resident's prior history was predisposed to fractures, the Medical Director reviewed the chart and advised that the cause of fracture could not be said to be pathological. Accordingly, this fracture is of unknown origin and must be reported to the State Agency.</p> <p>The Submission Nursing Home Facility Incident Report documented it was submitted 3/21/24 at 11:52 AM. It documented the facility staff was first made aware on 3/20/24 at 12:39 PM and the administrator was first made aware on 3/20/24 at 12:50 PM.</p> <p>During an interview on 05/06/25 at 10:59 AM, the Director of Nursing stated the former Director of Nursing was responsible to report the injury of unknown origin to the State Agency. They stated they were now aware that injuries of unknown origin should be reported within 2 hours if abuse cannot be ruled out within 2 hours.</p> <p>During an interview on 05/06/25 at 11:59 AM, Registered Nurse Unit Manager #1 stated</p> <p>the injury of unknown origin should have been reported to the State Agency within 2 hours, and they thought it had been reported timely by the former Director of Nursing.</p> <p>During an interview on 05/05/25 at 1:53 PM, the facility Administrator stated the right arm swelling was identified 3/20/24 in the morning and it was reported to the State Agency on 3/21/24. They stated the incident should be reported within 2 hours if serious bodily injury was suspected to be abuse. The Administrator stated they did not know the resident had a fracture until the x-ray results came in. They stated swelling and warmth to touch might have been caused by cellulitis.</p> <p>During an interview on 05/05/25 at 05:34 PM, the Medical Director stated the cause of fracture could not be assumed to be pathological (caused by an underlying disease that weakens the bone structure). They stated the fracture was likely caused by a fall or trauma. They stated the fracture was of unknown origin and should have been reported to the State Agency.</p> <p>During an interview on 05/06/25 at 10:59 AM, the Director of Nursing stated the report was completed when it was submitted to the State Agency on 03/21/2024 at 11:52 AM. They stated the former Director of Nursing was responsible for reporting to the State Agency.</p> <p>10 NYCRR 415.4(b)(2)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>43478</p> <p>Based on observation, record review and interview during the recertification survey and abbreviated survey (NY00374695) from 4/29/25 to 5/6/25 the facility did not ensure the development and implementation of comprehensive person-centered care plans for each resident, consistent with resident rights that included measurable objectives and time frames to meet a resident's needs for 1 of 5 residents (Resident #32) reviewed for pressure ulcers, 1 of 3 residents (Resident #19 ) reviewed for positioning and mobility and for 1 of 2 residents (Resident #8) reviewed for tube feeding. Specifically, 1) Resident #32 was incontinent of bladder and there was no documented evidence that a care plan to address an incontinence schedule/incontinence care was developed and/or implemented, 2) Resident #19 did not have an activities of daily living care plan prior to 5/5/25 and 3) the care plan to address Resident #8's feeding tube was incomplete and did not have measurable objectives, goals and interventions.</p> <p>The findings include:</p> <p>The Comprehensive Care Plan Policy last revised 1/2025 documented each resident will have a comprehensive care plan developed and updated by all members of the comprehensive care plan team as appropriate.</p> <p>1) Resident #32 had diagnoses which included Schizophrenia (disorder that affects the ability to think, feel, and behave clearly), Depression and Morbid Severe Obesity.</p> <p>The 10/29/2024 Annual Minimum Data Set documented Resident #32 was cognitively intact, received substantial to maximum staff assistance for toileting, was incontinent of bladder, frequently incontinent of bowel, and was at risk for pressure ulcers.</p> <p>The 1/29/2025 Quarterly Minimum Data Set (assessment tool) documented Resident #32 had intact cognition, received substantial/maximal assistance with toileting, and was incontinent of bladder and frequently incontinent of bowel.</p> <p>There was no documented evidence in the Care Plans to address Resident #32's incontinence schedule/incontinence care.</p> <p>There was no documented evidence interventions were implemented to address Resident #32's incontinence.</p> <p>The 4/1/2025-4/16/2025 Documentation Survey Report documented Resident #32 was coded one (1) incontinent of bladder 15 days during the 7 AM-3 PM shift, 15 evenings during the 3:00 PM -11:00 PM shift and 15 nights during the 11:00 PM -7:00 AM shift.</p> <p>During an interview on 5/1/2025 at 1:40 PM the Director of Nursing was unable to provide documentation of a care plan with interventions to address Resident #32's incontinence schedule/incontinence care.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>45478</p> <p>2)Resident #19 had diagnoses including Cancer, Peripheral Vascular Disease, and Asthma.</p> <p>The 1/25/25 Quarterly Minimum Data Set Assessment documented Resident #19 was cognitively intact, had upper and lower extremity impairment on both sides required substantial to maximal assist for toileting and was dependent in bed mobility/transfer/wheelchair mobility and was able to eat independently.</p> <p>There was no documented evidence in the Comprehensive Care Plan to address Activities of Daily Living prior to 5/5/25.</p> <p>During an interview on 5/06/25 at 2:00 PM, the Director of Nursing stated while Registered Nurse #1 was on leave they assigned three (3) Registered Nurse Per Diem Supervisors the role of initiating and updating care plans for the 4th floor unit.</p> <p>During an interview on 5/06/25 at 3:05 PM, the Director of Nursing stated they provided education to the nurse managers and supervisors and they offered classes twice a year. The Director of Nursing stated they had no documented in-services for the past year. The Director of Nursing stated the nurse managers were supposed to review the care plans and make updates during family care plan meetings.</p> <p>During an interview on 5/06/25 at 3:31 PM, Registered Nurse #1 stated they could not explain why the Activities of Daily Living Care Plan was not created until 5/5/25. Registered Nurse #1 stated they did know how to initiate a care plan in the system. Registered Nurse #1 stated they started using the new system in August of 2024 and were still learning how to use it.</p> <p>51902</p> <p>3) Resident #8 had diagnoses including Stiff-Man Syndrome, Type 1 Diabetes, Dysphagia with G-tube feedings and Stomach Cancer.</p> <p>The 3/2/25 Quarterly Minimum Data Set (assessment tool) documented Resident #8 had impaired cognition, was dependent on staff for all activities of daily living and received all nutrition and hydration via G- tube.</p> <p>There was no documented evidence in the Comprehensive Care Plan to address goals and interventions related to G-tube feedings.</p> <p>During an interview on 5/6/25 at 11:21 AM Registered Nurse Unit Manager #23 stated the care plan was started but never completed and needed goals and interventions.</p> <p>During an interview on 5/6/25 at 3:05 PM the Director of Nursing stated the medical team developed/updated care plans and the Nurse Managers were to review care plans for completion.</p> <p>10 NYCRR 415.11 (c)(1)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45478</b></p> <p>Based on observation, interview, and record review, during the recertification survey and abbreviated survey (NY00376185) and (NY00342713), the facility did not ensure residents were adequately equipped to call for assistance through a communication system that relays the call directly to a staff member or to a centralized staff work area. Specifically, 1) the 5th floor call bell was not audible and did not have a centralized location to alert staff when residents needed assistance for twenty nine of twenty nine rooms and the light above the door did not light up for five of the twenty nine rooms (Rooms #104A, 105B, 111P, 115A, 115B, bathroom in room [ROOM NUMBER]). Additionally, tap or hand bells were not provided/readily available as per facility plan for ten of the twenty nine rooms (Rooms #104B, 105B, 111P, 115B, 117A, 121A, 121B, 126B, 127A, 127B, 128A, 128B, 129A, and 129B).</p> <p>The findings include:</p> <p>The Policy and Procedure titled Call Bell System last revised 2/2025 documented the promptness of the call bell is key priority for patients. Addressing and responding to the patient call bell improves patient satisfaction, decreases the patients anxiety and increases their trust and provides the patient with information.</p> <p>The 5/23/24 In-service documented training on 15 minute monitoring initiated related to call bells not working on the 5th floor.</p> <p>The 8/7/24 In-service documented training on the tap bell or hand bells being used in replace of original call bell system on the 5th floor.</p> <p>The 11/16/24 Work Order documented the 5th floor call bell system was broken and unable to be repaired.</p> <p>The emails reviewed included but were not limited to the following:</p> <p>The email dated 1/9/24 from the Bioengineer Manager to the Director of Quality documented an apology for the delay and explained the repair had been a challenge and the vendor was coming out on that date to look at the system.</p> <p>The email dated 1/10/24 from the Bioengineer Manager to the Director of Quality documented the repair of the 5th floor call system and to remind staff to continue to do their rounding's.</p> <p>The email dated 2/22/24 to the Administrator documented the call bell system on the 5th floor was still not functioning as of 1/17/24. The Bioengineer Manager outsourced repair 1/17/24 and was still seeking parts. Continue to use tap bells and 15 minute monitoring. It also documented families had complained about nonfunctioning call bells.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The email dated 2/23/24 to the Administrator documented they were collaborating with distributors to explore all avenues. Despite engaging several vendors, regrettably, they had not been successful in repairing the unit. The master stations were phased out as early as 2003. Finding a suitable replacement has been challenging and they would like to review the option of replacing the existing system. Calls would be placed to obtain a new quote.</p> <p>The 2/27/24 quote from a company provided an estimated cost for the replacement of the 5th floor call bell system.</p> <p>The email dated 1/27/25 documented a delay in the production of equipment, equipment would be received the week of 2/13/25 and once the documentation needed to start the installation was received, they could begin corridor installation the week of 2/17/25.</p> <p>The email dated 2/24/25 sent from the Senior Financial Analyst to the company documented the facility requested an update on the call system being installed, as they had passed the 2/17/25 install date.</p> <p>The email dated 3/14/25 from the company to the Engineer Manager documented availability to start working on the call bell system replacement.</p> <p>The email dated 3/20/25 from the company to the Engineer Manager documented a request to reschedule for 3/21/25 at 11 AM.</p> <p>During an observation with a team of surveyors on 4/29/25 between 11:15 AM and 11:54 AM the 5th floor call bell was not audible and did not have a centralized location in twenty nine rooms, the light above the door did not light up for five of twenty nine rooms (Rooms #104A, 105B, 111P, 115A, 115B, bathroom in room [ROOM NUMBER]). Tap or hand bells were not provided/readily available as per facility plan for ten of twenty nine rooms (Rooms #104B, 105B, 111P, 115B, 117A, 121A, 121B, 126B, 127A, 127B, 128A, 128B, 129A, and 129B).</p> <p>During an interview on 4/29/25 at 11:53 AM, Resident #93 stated when they used the hand bell at times they waited 2-3 hours.</p> <p>During an interview on 4/29/25 at 11:54 AM, Resident #67 stated when they used the hand bell, they were concerned about it actually working.</p> <p>During an interview on 4/29/25 at 11:54 AM, Resident #60 stated when they used the hand bell, the staff could not hear them. They further stated at times they waited 1-2 hours and would go and get the staff themselves.</p> <p>During an interview on 5/01/25 at 4:40 PM, Certified Nurse Aide #29 stated they worked the 3:00 PM to 11:00 PM shift and all residents were to have a hotel or tap bell while the call bell system remained broken. Certified Nurse Aide #29 stated they did frequent rounding every 15 minutes and signed off on a sheet to monitor the residents.</p> <p>(continued on next page)</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/02/25 at 1:31 PM, the Biomedical Manager stated they were informed about 1 year ago the call bells were not functioning on the 5th floor. They stated the plan was to try to fix and rebuild it initially. The Biomedical Manager stated they contacted vendors but were unsuccessful. They stated they were not able to provide details on how long it took to get approval for the system to be fixed. The Biomedical Manager stated the vendor provided a quote to replace it. The Biomedical Manager stated it took some time to get the plan to replace it approved, but they were scheduled to start replacement of the call bell system next week.</p> <p>During an interview on 5/02/25 at 1:55 PM, the Senior Director of Bioengineering stated the call bell system was a capital purchase that needed to be approved by a lot of people. The Senior Director of Bioengineering stated somebody had to initiate the requisition in their system, which then pinged to the next person, and so on and then the final decision needed to go through finance. The Senior Director of Bioengineering stated there were about 7 people involved in the process. The Senior Director of Bioengineering stated they felt it was urgent but needed to go through the system for it to be processed. The Senior Director of Bioengineering stated they made provisions with the malfunctioning of the call bell system which was to provide manual bells to every room. The Senior Director of Bioengineering stated they had paperwork that was needed prior to the start of construction and the process took some time to come up with plans. The Senior Director of Bioengineering stated when equipment breaks they were responsible for repair, but not responsible to replace broken capital equipment. The Senior Director of Bioengineering stated the layers added to the time it took to get the repair started. The Senior Director of Bioengineering stated it was a critical piece of equipment for the resident's safety and should have been escalated. The Senior Director of Bioengineering stated in retrospect everybody should have really tried to influence the replacement sooner.</p> <p>During an interview on 5/06/25 at 4:03 PM, the Administrator stated they had been following the call bell issue in Quality Assurance and Resident Council. The Administrator stated the plan was to initially repair it, but they found out it was not repairable around January 2024. The Administrator stated they immediately started the process to get the call bell replacement approved. They stated they received quotes immediately and purchasing addressed the quotes. The Administrator stated it went through the system to get approved and it took that long to get all the approvals. The Administrator stated they had to go through this process to get approval and the residents understood the process was lengthy and were comfortable with the 15 minute monitoring that was implemented.</p> <p>10 NYCRR 415.29</p>		