

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/30/2026
NAME OF PROVIDER OR SUPPLIER North Westchester Restorative Therapy & Nrsng Crt		STREET ADDRESS, CITY, STATE, ZIP CODE 3550 Lexington Avenue Mohegan Lake, NY 10547	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on record review and interviews during the recertification and abbreviated surveys (677260 / NY00386237), the facility failed to ensure that residents receive treatment and care in accordance with professional standards of practice for one (1) one (1) resident (Resident #124) reviewed for change in condition. Specifically, Resident #124's stool sample was not collected as ordered and there was no documented evidence that the Nurse Practitioner or the Physician were made aware that the stool sample had not been collected. The findings include: The 05/2025 policy for Physician's Notification of Orders, documented that when a physician or other authorized practitioner's order is not carried out as ordered, delayed, modified, or discontinued, the practitioner shall be notified. Resident #124 had diagnoses which included moderate persistent asthma, essential hypertension and spinal stenosis. The 10/25/2024 Certified Nurse Aide Care Guide documented Resident #124 was incontinent of bowel and required 2 staff assistance with toileting hygiene. The 10/27/2024 Care Plan for activities of daily living documented Resident #124 required 2-staff dependent assistance with toileting hygiene and toilet transfers. The 10/31/2024 admission Minimum Data Set (assessment tool) documented Resident #124 had intact cognition and required dependent assistance with toileting and transfers and was always incontinent of bowel. The 12/11/2024 Care Plan for infection/suspected gastrointestinal infection as evidenced by nausea, diarrhea documented monitor labs as ordered and report any abnormalities to the physician as necessary. The 12/11/2024 at 6:31 A.M., Physician Order documented stool for bacterial detection panel with C. Difficile for other specified special examinations. The 12/11/2024 at 6:32 A.M., Nurse Progress note documented, Resident #124 this morning had episode of loose watery stool. The resident stated no discomfort but wanted to inform physical therapy that they would not be able to do physical therapy today due to their stomach acting up. The resident is currently in bed drinking plenty of fluids. Physician notified and supervisor made aware. Physician gave order to collect stools for testing. The 12/11/2024 at 12:41 P.M., Registered Nurse Progress note documented Resident #124 was noted to have nausea and loose stool, Nurse Practitioner made aware and ordered stool collection and Zofran as needed. The resident is tolerating fluids and light solids well. Resident's family representatives were made aware and are thankful for call. The 12/11/2024 at 7:30 P.M., Nurse Practitioner Progress note documented Resident #124 was seen and examined at the bedside. Noted with watery stool today. Gastrointestinal PCR (polymerase chain reaction technique that detects and amplifies genetic material to identify pathogens, genetic changes, or abnormal cells) to rule out gastroenteritis. Will start Zofran (nausea medicine) 4 mg q 6 hours as needed for nausea. Consider intravenous fluid if the resident is unable to ingest oral fluids due to loose, watery stools. Vitals are stable, afebrile. Latest labs notable for white blood count 11.08. most likely due to gastroenteritis per symptoms. Will continue to monitor. The December 2024 Functional Abilities Task Performance Bowel Control record documented Resident #123 was incontinent of bowel on 12/11/2024 on the night shift, 12/12/2024 on all three (3) shifts and 12/13/2024 during the day shift. The December 2024 Treatment Administration Record documented stool for bacterial detection panel with C. Difficile documented by Licensed Practical Nurse #2 on 12/11/2024 7 P.M.-7 A.M. and Licensed Practical Nurse #3 on 12/12/2024 7 A.M.-7 P.M. and 7P.M.-7 A.M. stool collection was not administered, unable to obtain. The 12/12/2024 at 2:24 A.M., (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Nurse Progress note documented Resident #124 was alert and able to make needs known. The resident refused all evening meds due to stomach issues this evening. Appetite was poor but fluid intake was very good. Resident drank water too fast and had an episode of emesis. Resident #124 stated they were feeling better after the episode. Encouraged to take smaller sips of water. Care provided and precautions maintained. Call bell in reach. No acute distress. During interview on 03/26/2026 at 11:23 A.M., Licensed Practical Nurse #3 stated they were aware of the order to collect a stool sample from Resident #124 and signed the Treatment Administration Record Documentation Record on 12/12/2024 on the 7 A.M.-7 P.M. and 7 P.M.-7 A.M. shifts to include that the stool sample collection was 'not administered'. They stated they did not write a note to document having informed the Nurse Practitioner or Physician that stool was not collected. They stated a Nurse Practitioner was in the building every day and they were usually aware of the resident's status. During interview on 03/26/2026 at 12:16 P.M., Licensed Practical Nurse Unit Manager #1 stated the order to collect Resident #124's stool was placed on 12/11/14 at 6:30 AM and populated on the Treatment Administration Record for 12/11/2024, 12/12/2024, and 12/13/2024. They stated it was a case-by-case situation whether the Nurse Practitioner or Physician should be notified if a stool sample was not collected. During interview on 03/26/2026 at 3:29 P.M., the Medical Director/Primary Physician stated it was their expectation that nurses should call them or inform the Nurse Practitioner on duty if a stool sample was not collected by the day after the order was placed. They stated they did not know if Nurse Practitioner #1 who was on duty had been made aware and stated they did not remember if they were made aware that Resident #124's stool was not collected. During interview on 03/27/2026 at 8:14 A.M., Nurse Practitioner #1 stated when they ordered a lab test, they expected nurses to assure the lab test was performed and that the Nurse Practitioner on duty or the Physician were informed of the test results. At the time of test results, they would evaluate the test results and resident and make decisions about next steps in their plan of care based on the test results and the resident's condition. Nurse Practitioner #1 stated if they had been aware that Resident #124's stool had not been collected, they might have added additional orders and would have reminded the nurses to collect the stool. Nurse Practitioner #1 stated they expected the entire staff to be responsible and ensure specimens were collected for ordered tests. 10 NYCRR 415.12</p>		