STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335418	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Riverview Health Care, Inc	87 South Route 9w Haverstraw, NY 10927

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49372 Based on record review and interviews during an abbreviated survey (NY00334577) the facility did not ensure the residents right to a dignified existence inside the facility for 1 out of 3 residents (Resident #3) reviewed for dignity. Specifically, on 2/26/2024 Resident #4 who was Resident #3's neighbor, went to Resident #3's room unzipped their pants and exposed themself to Resident #3. Resident #3 was upset and crying about Resident #4's behavior. The Findings are: The facility Residents Rights policy last revised 5/28/2024 documented Federal and state laws guarantee certain basic rights to all residents of this facility. These rights include the resident's right to a dignified existence, to be treated with respect, kindness, and dignity and be free from abuse, neglect, misappropriation of property, and exploitation. Resident #3 was admitted with diagnoses including but not limited to Dementia, Major Depressive Disorder and Personal History of COVID-19. Review of an admission Minimum Data Set, dated dated dated [DATE] documented Resident #3 had moderate cognitive impairment. Resident #3 used a wheelchair for mobility, requires set up assistance with eating, moderate assistance with toileting, bed mobility and transferring. Review of a risk for abuse care plan last revised 4/9/2024 documented Resident #3 was at risk related to their wandering behavior. Interventions listed included monitor resident for signs/symptoms of abuse and report to the facility's abuse officer and medical provider. Review of a mood symptoms care plan last updated 2/26/2024 documented Resident #3 displayed mood symptoms as evidenced by crying outbursts, verbalizing of being afraid, I don't want them to rape me and complained of a male resident exposing themself to them. Interventions listed included encourage family/informal support involvement Review of the investigative summary dated 2/26/2024 documented on 2/26/2024 it was reported to the Director of Nursing that Resident #4 had exposed themself to Resident #3 and holding their penis asked how they thought of their penis. It was reported that Resident #3 was upset and crying about Resident #4's behavior. (continued on next page)

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
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/11/2025 at 1:35 PM Resident #3 stated it was a long-time ago, but Resident #4 was gay. Resident #3 stated they used to talk to Resident #4 from time to time and they were good friends. Resident #3 stated Resident #4 was their neighbor, and the resident came to their room, looked at them and unzipped their pants and then walked away. Call placed to the Director of Nursing on 5/14/2025 at 12:45 PM and 5/23/2025 at 11:14 AM, 11:17 AM and 1:04 PM, unable to reach for interview. 10 NYCRR 415.5(a)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49372 Based on record review and interviews during an abbreviated survey (NY00334577), the facility did not ensure the residents right to be free from abuse for 1 out of 3 residents (Resident #3) reviewed for abuse. Specifically, on 2/26/2024 Resident #4, who was Resident #3's neighbor, went to Resident #3's room unzipped their pants and exposed themself to Resident #3. Resident #3 was upset and was crying about Resident #4's behavior and verbalized a fear of being raped. Subsequently, Resident #3's room was changed to another unit. The findings are: The facility Abuse policy last reviewed 6/1/2024 documented the facility prohibits the mistreatment, neglect and abuse of residents/patients by anyone but not limited to staff, family, friends and residents of the facility. The facility prohibits any exploitation of the mentally and physically disabled resident in the facility. The facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident/patient abuse. Mental/Emotional abuse is the use of verbal and nonverbal; conduct which causes or has the potential to cause the resident to experience humiliation, intimidation, fear, shame, agitation or degradation. Mental abuse also included 1)Resident #3 was admitted with diagnoses including but not limited to Dementia, Major Depressive Disorder and Personal History of COVID-19. An Admission Minimum Data Set, dated dated dated [DATE] documented Resident #3 had moderate cognitive impairment. Resident #3 used a wheelchair for mobility, required set up assistance with eating, moderate assistance with toileting, bed mobility and transferring. Review of a risk for abuse care plan last revised 4/9/2024 documented Resident #3 was at risk related to their wandering behavior. Interventions listed included monitor resident for signs/symptoms of abuse and report to the facility's abuse officer and medical provider. Review of a mood symptoms care plan last updated 2/26/2024 documented Resident #3 displayed mood symptoms as evidenced by crying outbursts, verbalizing of being afraid, I don't want them to rape me and complained of a male resident exposing themself to the resident. Interventions listed included encourage family/informal support involvement. 2) Resident #4 was admitted to the facility with diagnoses including but not limited to Dementia, Schizoaffective Disorder and Epilepsy. A Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #4 was cognitively intact with no behaviors noted. The resident required a wheelchair or a walker for locomotion, independent with eating, bed mobility and transfers, required supervision for toileting. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of a behavior care plan last revised 1/31/2022 documented Resident #4 was sexually inappropriate toward their roommate. Resident #4 was also documented as sexually inappropriate towards female staff and residents. Interventions listed included contract with resident as needed, determine cause of behavior and remove resident, document all behaviors and attempt to identify pattern to target interventions, initiate psychiatric and psychology evaluation as needed and notify physician of inappropriate or negative behavior or activity. Review of the investigative summary dated 2/26/2024 documented, on 2/26/2024 it was reported to the Director of Nursing that Resident #4 had exposed themself to Resident #3 and holding their penis asked Resident #3 how they thought of their penis. It was reported that Resident #3 was upset and crying about Resident #4's behavior. Review of an interdisciplinary team meeting note dated 2/26/2024 documented a care plan/high risk meeting was held with nursing and social services. Resident #3's representative stated Resident #3 called them on 2/25/2024 and mentioned an incident that took place, where Resident #4, their neighbor, came to their room and pushed them, pulled down their pants and exposed their genitalia. The Social Worker was unaware of such an incident, but the Social Worker explained that they will investigate further. The Director of Nursing went a step further, by obtaining a confession from Resident #4. Resident #4 admitted they did expose themself to Resident #3, but they did not touch the resident in any way. For safety purposes and precaution, Resident #3 was offered and agreed to be transferred to another floor all together. Resident #3 was relieved to be transferred, and their representative also agreed that the move was adequate and appropriate. There was no physical contact as per Resident #3 from Resident #4, however Resident #3 complained about being afraid of being raped. Review of a Psychology consult dated 2/27/2024 documented Resident #3 was referred by the nursing staff to be seen, to assess for suicidal ideation due to being distressed over the incident that occurred with Resident #4. Resident #3 was alert and oriented to person and time. The resident's thought process was disorganized, but they denied any suicidal/homicidal ideation. Resident #3 was involved in an incident where Resident #4 flashed them and reported they were upset at first but were happy when they were transferred to a different floor. The resident denied making any statements of hurting themself. The plan documented Resident #3 did not have the capacity to benefit from psychological services and was no danger to their self or others. Review of a Psychiatry consult dated 3/1/2024 documented Resident #3 was seen due to fear/emotionally labile. Resident #3 was noted to be anxious and depressed. A call was placed to the Director of Nursing on 5/14/2025 at 12:45 PM and 5/23/2025 at 11:14 AM, 11:17 AM and 1:04 PM, but unable to reach for interview. 10 NYCRR 415.4(b)(1)(i)

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(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 - Some	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49372 Based on record reviews and interviews during an abbreviated survey (NY00355946, NY00334577, NY00336626), the facility did not ensure that all alleged violations involving abuse are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. The facility also did not report the results of all investigations to the New York State Department of Health in accordance with State law, within 5 working days of the incident for 3 out of 3 residents (Resident #1, Resident #3, Resident #5) reviewed for abuse. Specifically, (1) on 9/27/2024 Resident #1 reported to their representative that staff had beat them up while in the dining room the day before. The Administrator was not made aware of the allegation until 9/30/2024 and there was no documented evidence of the investigative conclusion being submitted to the New York State Department of Health; (2) On 2/26/2024 Resident #4 went to their neighbor Resident #3's room and unzipped their pants and exposed themself to Resident #3. Resident #3 was upset and crying due to Resident #4's behavior. There was no documented evidence of the investigative conclusion being submitted to the New York State Department of Health; (3) On 3/19/2024 Resident #5 complained that Certified Nurse Aide #5 on the 7 AM to 3 PM shift, showed no empathy when they told them their spouse had passed away years ago. Resident #5 also informed other staff that the Certified Nurse Aide #5 was kind of rough with them and described them as a goliath to other employees. There was no documented evidence of the investigative conclusion being submitted to the New York State Department of Health. The findings are: The facility Abuse policy last reviewed 6/1/2024 documented the facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident/patient abuse, neglect, mistreatment, and/or misappropriation of property. The Administrator and Director of Nursing are responsible for investigation and reporting. Report results of investigation to the proper authorities as required by State law. Failure to report to required Regulatory Agencies in the capacity of a facility administrator could result in termination. 1) Resident #1 had diagnoses including Chronic Obstructive Pulmonary Disease, Schizophrenia and Major Depressive Disorder. A Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #1 had moderate cognitive impairment. The resident required a wheelchair for locomotion, maximal assistance with eating, dependent for toileting, bed mobility and transfers. Review of the undated facility investigation form documented Resident #1's representative stated they reported the incident to the Department of Health because they were frustrated and felt the two Registered Nurses were dismissive and unprofessional. The investigative conclusion dated 10/5/2024 documented there is no evidence to substantiate the allegation, investigation revealed no cause to believe that the resident had been abused as alleged. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of the complaint submission report revealed the incident occurred on 9/26/2025, staff were first made aware on 9/27/2024 at 6:00 AM, and the Administrator was made aware on 9/30/2024 at 10:30 AM. There was no documented evidence of an investigative conclusion being submitted to the New York State Department of Health. 2) Resident #3 had diagnoses including but not limited to Dementia, Major Depressive Disorder and Personal History of COVID-19. Review of an admission Minimum Data Set, dated dated dated [DATE] documented Resident #3 had moderate cognitive impairment. Resident #3 used a wheelchair for mobility, required set up assistance with eating, moderate assistance with toileting, bed mobility and transferring. 3) Resident #4 had diagnoses including but not limited to Dementia, Schizoaffective Disorder and Epilepsy. A Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #4 was cognitively intact with no behaviors noted. The resident required a wheelchair or a walker for locomotion, independent with eating, bed mobility and transfers, required supervision for toileting. Review of the investigative summary dated 2/26/2024 documented on 2/26/2024 it was reported to the Director of Nursing that Resident #4 had exposed themself to Resident #3 and while holding their penis asked what they thought of their penis. It was reported that Resident #3 was upset and crying about Resident #4's behavior. Resident #3 did not report this to the nurses or the certified nurse aides. Resident #3 and Resident #4 both confirmed that no touching had occurred. The investigative conclusion dated 3/3/2024 documented there is no evidence to support that any alleged resident Abuse may have occurred. There was no documented evidence of the investigative conclusion being submitted to the New York State Department of Health. 4) Resident #5 had diagnoses including but not limited to Muscle Weakness, Major Depressive Disorder and Anxiety. A Quarterly Minimum Data Set, dated dated dated [DATE] documented the resident was cognitively intact with no behaviors noted. The resident required a wheelchair for locomotion, set up assistance with eating, moderate assistance with toileting and transfers and supervision with bed mobility. Review of a facility full Quality Assurance report dated 3/20/2024 documented on 3/19/2024 Resident #5 complained that Certified Nurse Aide #5 on the 7 AM to 3 PM shift showed no empathy when they told them their spouse had passed away years ago. Resident #5 also informed other staff that the Certified Nurse Aide #5 was kind of rough with them and described them as a goliath to other employees. Review of the investigation form dated 3/25/2024 documented Resident #5's complaint was investigated and concluded as no evidence of abuse, neglect or mistreatment, resident wishes to not have Certified Nurse Aide #6 and this will be honored. No trauma or any other negative effect observed at this time. Resident #5's representatives informed of the outcome of the investigation. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	There was no documented evidence of the investigative conclusion being submitted to the New York State Department of Health. During an interview on 4/14/2025 at 6:00 PM, the Director of Nursing stated they are responsible for reporting incidents to the Department of Health. The Director of Nursing stated they also submit the 5-day investigative conclusion but was unaware that the 5-day conclusion was not submitted. The Director of Nursing stated they believe when the incident occurred it was shabbat, but the Administrator is informed of any incident that happens before sundown, as soon as shabbat ends. The Director of Nursing stated Resident #1 reported to their representative that the day before they had gotten beat up by a staff in the dining room. The Director of Nursing stated they reported this case because, Resident #1's representative had called it in so they did not want some to tell them they should have reported the incident to the Department of Health. During an interview on 5/9/2025 at 12:22 PM, the Administrator stated all reportable incidents are completed and submitted by them or the Director of Nursing and most senior person if they are unavailable. The Administrator stated they are informed of all reportable incidents and if an incident occurs on the [NAME], the Director of Nursing does the reporting to the Department of Health. The Administrator stated during [NAME] they are still informed timely via text message, and they are aware as soon as they turn their cellphone back on. The Administrator stated the 5-day investigative conclusions are submitted by them or the Director of Nursing. The Administrator stated the Director of Nursing keeps a record of all the reportable information. The Administrator stated they do not remember when they were informed about the incident reported on 9/26/2024 with Resident #1 and they do not recall the investigative conclusion not being submitted to the New York State Department of Health. The Administrator stated they do not remember Resident #5's case either and they do not recall the investigative conclusion not being submitted to the New York State Department of Health. 10NYCRR 415.4(b)(1)(ii)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49372 Based on record reviews and interviews during an abbreviated survey (NY00355946, NY00334577), the facility did not ensure the comprehensive care plan was updated and revised for 3 out of 3 residents (Resident #1, Resident #3, Resident #4) reviewed for care planning. Specifically, (1) On 9/27/2024 Resident #1 reported to their representative that they were beaten on 9/26/2024 by staff in the dining room. Review of Resident #1's abuse care plan revealed it was not updated to reflect the allegation of abuse (2) On 3/26/2024 Resident #4 exposed themself to Resident #3. Resident #3's abuse care plan was not updated to reflect this allegation and Resident #4's behavior care plan was not updated to reflect their behavior. The findings are: The facility Comprehensive Care Plan policy last reviewed 8/2/2024 documented a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. Assessments of residents are ongoing, and care plans are revised as information about the residents and the residents' conditions change. The interdisciplinary team reviews and updates the care plan when there has been a significant change in the resident's condition. 1) Resident #1 had diagnoses including Chronic Obstructive Pulmonary Disease, Schizophrenia and Major Depressive Disorder. A Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #1 had moderate cognitive impairment. The resident required a wheelchair for locomotion, maximal assistance with eating, dependent for toileting, bed mobility and transfers. A risk for abuse care plan care plan last revised 6/24/2022 documented Resident #1 was at risk for abuse to due dependence on staff for activities of daily living. Interventions listed included assess resident for abuse/neglect and report to appropriate resources, investigate all allegations of abuse and neglect promptly, provide support and ensure free from abuse, report to physician and initiate assessment and monitor resident for signs and symptoms of abuse and report to the facility's abuse officer and medical provider. Resident #1's abuse care plan was not updated to reflect the allegation made on 9/27/2024. 2) Resident #3 had diagnoses including but not limited to Dementia, Major Depressive Disorder and Personal History of COVID-19. Review of an Admission Minimum Data Set, dated dated dated [DATE] documented Resident #3 had moderate cognitive impairment. Resident #3 used a wheelchair for mobility, requires set up assistance with eating, moderate assistance with toileting, bed mobility and transferring. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of a risk for abuse care plan last revised 4/9/2024 documented Resident #3 was at risk related to their wandering behavior. Interventions listed included monitor resident for signs and symptoms of abuse and report to the facility's abuse officer and medical provider. Resident #3's abuse care plan was not updated to reflect the reported allegation made on 3/26/2024. 3) Resident #4 had diagnoses including but not limited to Dementia, Schizoaffective Disorder and Epilepsy. A Quarterly Minimum Data Set, dated dated dated [DATE] documented Resident #4 was cognitively intact with no behaviors noted. The resident required a wheelchair or a walker for locomotion, independent with eating, bed mobility and transfers, required supervision for toileting. Review of a behavior care plan last revised 1/31/2022 documented Resident #4 was sexually inappropriate toward their roommate. Resident #4 was also documented as sexually inappropriate towards female staff and residents. Interventions listed included contract with resident as needed, determine cause of behavior and remove resident, document all behaviors and attempt to identify pattern to target interventions, initiate psychiatric and psychology evaluation as needed and notify physician of inappropriate or negative behavior or activity. Resident #4's behavior care plan was not updated to reflect exposing their self to Resident #3 on 3/26/2024. During an interview on 4/11/2025 at 1:50 PM, Registered Nurse #1 stated a Unit Manager, Assistant Director of Nursing or the Director of Nursing should update the residents care plans regarding the allegation. Registered Nurse #1 stated the care plan that would have been updated regarding this incident would be the confabulating care plan and they did not update the abuse care plan that day, stated the resident has a confabulation care plan in place. During an interview on 4/14/2025 at 5:30 PM, the Assistant Director of Nursing stated the care plans are completed quarterly and as needed. The Assistant Director of Nursing stated the Unit Managers are responsible for updating the care plans, but they and the Director of Nursing update the care plans as well. The Assistant Director of Nursing stated the social worker should update the care plans for abuse. The Assistant Director of Nursing stated Resident #1's behavior care plan should have been updated, as the allegation is a behavior. The Assistant Director reviewed Resident #1's care plans and stated they should have updated the abuse care plan due to the resident made the allegation regarding abuse initially. 10 NYCRR 415.11 (c)(2)(i-iii)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49372 Based on record review and interviews during an abbreviated survey (NY00373143, NY00352914), the facility did not ensure a resident who was unable to carry out activities of daily living received the necessary services to maintain grooming, and personal care for 2 out of 3 residents (Resident #2, Resident #7) reviewed for activities of daily living. Specifically, (1) Resident #2 had a known history of bladder and bowel incontinence and was dependent for toileting. Review of Resident #2's Certified Nurse Assistant documentation for June 2024 revealed the bladder and bowel incontinence care was not signed by direct care staff was not provided on 5 occasions. Review of Resident #2's Certified Nurse Assistant documentation for July 2024 revealed the bladder and bowel incontinence care was not signed by direct care staff,on 7 occasions; (2) Resident #7 had a known history of bladder and bowel incontinence and was dependent for toileting. Review of Resident #7's Certified Nurse Assistant documentation for July 2024 revealed bladder and bowel incontinence care was not signed by direct care staff, indicating care was not provided on 4 occasions. Review of Resident #7's Certified Nurse Assistant for August 2024 revealed the bladder and bowel incontinence care was not signed by direct care staff, indicating care was not provided on 14 occasions. The findings are: The facility Activities of Daily Living policy last revised 2/28/2025 documented the facility shall provide residents with Activities of Daily Living (ADL) care and support in accordance with current standards of practice, State and Federal regulations and are based on the resident's assessed needs, personal preferences and goals of care. Activities of daily living care will be provided for residents who are unable to carry out activities of daily living independently, with the consent of the resident and in accordance with the resident's assessed needs, personal preferences, and individualized plan of care, that includes but is not limited to supervision and assistance with elimination (toileting) and incontinence care. 1) Resident #2 had diagnoses including but not limited to Parkinson's disease, Dementia and Portal Hypertension. A 5-day Medicare Minimum Data Set, dated dated dated [DATE] documented the resident had moderate cognitive impairment. The resident required a wheelchair for locomotion, required moderate assistance with eating, dependent for toileting, bed mobility and transfers. Resident #2 was always incontinent of bladder and bowel. Review of a bladder incontinence care plan initiated 5/17/2024 documented Resident #2 had bladder incontinence related to benign prostatic hypertrophy and impaired cognition. Interventions listed included apply incontinence device as identified as appropriate and check and provide toileting care every two to four hours as tolerated. Review of Resident #2's Certified Nurse Assistant accountability for June 2024 revealed bladder and bowel incontinence care was not signed by direct care staff as being provided on 5 occasions: 7 AM to 3 PM shift-6/14/2024, 6/28/2024, 6/30/2024, on the 3 PM to 11 PM shift-6/4/2024, 6/30/2024. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident #2's Certified Nurse Assistant accountability for July 2024 revealed bladder and bowel continence care was not signed by direct care staff as being provided on 7 occasions: 7 AM to 3 PM shift-7/14/2024, 7/18/2024, 7/28/2024 and 7/31/2024, on the 11 PM to 7 AM shift on 7/6/2024, 7/7/2024 and 7/21/2024. 2) Resident #7 had diagnoses including but not limited to Hemiplegia and Hemiparesis following Cerebral Infarction, Difficulty Walking and Anxiety Disorder. An Admission Minimum Data Set, dated dated dated [DATE] documented the residents was cognitively intact. The resident had an impairment on one side of the upper and lower extremity and required a wheelchair for locomotion. The resident required supervision for eating, moderate assistance for bed mobility and was dependent for toileting and transfers. Resident #7 was always incontinent on bladder and bowel. Review of a bladder and bowel incontinence care plan initiated 7/19/2024 documented Resident #7 was incontinent related to renal and rectal sphincter dysfunction associated with cerebrovascular accident and a traumatic brain injury. Interventions listed included apply incontinence device as identified as appropriate and check and provide toileting care every two to four hours as tolerated. Review of Resident #7's Certified Nurse Assistant accountability for July 2024 revealed bladder and bowel incontinence care was not signed by direct care staff as being provided on 4 occasions: on 7/26/2024 and 7/31/2024 during the 7 AM to 3 PM shift, and on 7/7/2024 and 7/13/2024 during the 3 PM to 11 PM shift. Review of Resident #7's Certified Nurse Assistant accountability for August 2024 revealed bladder and bowel continence care was not signed by direct care staff as being provided on 14 occasions: on 8/5/2024, 8/7/2024, 8/8/2024, 8/9/2024, 8/10/2024, 8/12/2024, 8/15/2024, 8/16/2024, 8/18/2024 and 8/31/2024 during the 7 AM to 3 PM shift, and on 8/10/2024, 8/12/2024, 8/21/2024 and 8/25/2024 during the 3 PM to 11 PM shift. During an interview on 4/14/2025 at 2:22 PM, Registered Nurse #1 stated they, the Director of Nursing and the Assistant Director of Nursing all review the Certified Nurse Assistant accountability documentation. Registered Nurse #1 stated the documentation should be checked every day at the end of each shift to ensure it is completed. Registered Nurse #1 stated they can check their dashboard to see the Medication Administration Record, Treatment Administration Record and Certified Nurse Assistant are completed and if they see a missing signature they will call the Certified Nurse Assistant and ask why they did not sign, if staffing was the issue or what occurred. Registered Nurse #1 stated sometimes the Certified Nurse Assistants are short staffed, and they must split an assignment, so additional residents will be put on their assignments. Registered Nurse #1 stated they also report this to the Assistant Director of Nursing and the Director of Nursing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335418	A. Building B. Wing	05/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northern Riverview Health Care, Inc	87 South Route 9w Haverstraw, NY 10927

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 4/14/2025 at 5:30 PM, the Assistant Director of Nursing stated they go to Point Click Care (the electronic medical record) and check the documentation floor by floor to see what tasks need to be done at the end of the day shift. The Assistant Director of Nursing stated they then call the receptionist and request that they make an announcement to inform staff that documentation needs to be completed. The Assistant Director of Nursing stated the supervisor should be monitoring this documentation daily and the unit managers rotate as supervisor during the week. The Assistant Director of Nursing stated they always go and check the electronic medical record for them. The Assistant Director of Nursing stated the Administrator should oversee the supervisors on the evening and the night shift. The Assistant Director of Nursing stated sometimes on the weekend they will call the supervisor on the 3 PM to 11 PM shift and remind them to have their staff complete the documentation. The Assistant Director of Nursing stated the education is done online, and they will reinforce and provide refresher classes as needed. The Assistant Director of Nursing stated there is currently no disciplinary action being given for not completing documentation. During an interview on 4/14/2025 at 6:00 PM, the Director of Nursing stated the Certified Nurse Assistant documentation is monitored all the way from the corporate level and the Certified Nurse Assistants are reminded from 2:00 PM to complete the documentation, but they still do not complete them. The Director of Nursing stated this is an issue they are working on. The Director of Nursing stated the Certified Nurse Assistants receive a written warning if they do not complete the documentation. The Director of Nursing stated they tell the staff if they do not sign their documentation then they did not do the job. 10 NYCRR 415.12(a)(3)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 49372 Based on record review and interview during an abbreviated survey (NY00373143) the facility did not ensure that sufficient nursing staff was consistent for residents according to the daily staffing needs. Certified nurse aide staff levels were frequently below the levels determined by the facility to be necessary to meet the needs of the residents. Specifically, review of the facility daily staffing sheets for July 2024 and August 2024 revealed staffing was not adequate across various shifts, on the first floor, based on the unit needs and provider average ratio levels documented in the facility assessment. The findings are: The facility Staffing Hours policy last revised 4/2025 documented the facility provides adequate staffing to meet needed care and services for our resident population. Our facility maintains adequate staffing on each shift to ensure that our resident's needs and services are met. Certified nurseing assistants are available on each shift to provide the needed care and services of each resident as outlined on the resident's comprehensive care plan. Review of the daily staffing schedule revealed the first floor staffing in July 2024 on the following dates and shifts: 7 AM to 3 PM shift-3 certified nurse aides-7/7/2024, 7/14/2024, 7/15/2024, 7/21/2024, 7/27/2024, 7/28/2024, 7/29/2024; 4 certified nurse aides-7/1/2024, 7/2/2024, 7/6/2024, 7/8/2024, 7/10/2024, 7/13/2024, 7/12/2024, 7/16/2024, 7/18/2024, 7/19/2024, 7/20/2024, 7/22/2024, 7/23/2024, 7/24/2024, 7/26/2024, 7/30/2024 3 PM to 11 PM shift-2 certified nurse aides-7/4/2024, 7/13/2024, 7/14/2024; 3 certified nurse aides-7/5/2024, 7/6/2024, 7/9/2024, 7/15/2024, 7/21/2024, 7/23/2024, 7/27/2024, 7/28/2024 11 PM to 7 AM shift-No certified nurse aides-7/18/2024; 1 certified nurse aide-7/1/20/2024, 7/4/2024, 7/5/2024, 7/14/2024, 7/20/2024, 7/22/2024, 7/28/2024 Review of the daily staffing schedule revealed the first floor staffing in August 2024 on the following dates and shifts: 7 AM to 3 PM shift- 2 certified nurse aides- 8/4/2024; 3 certified nurse aides-8/11/2024, 8/16/2024, 8/18/2024, 8/24/2024, 8/25/2024, 8/26/2024, 8/31/2024; 4 certified nurse aides- 8/3/2024, 8/5/2024, 8/6/2024, 8/7/2024, 8/8/2024, 8/9/2024, 8/10/2024, 8/12/2024, 8/13/2024, 8/15/2024, 8/17/2024, 8/19/2024, 8/20/2024, 8/21/2024, 8/27/2024, 8/28/2024 8/30/2024 3 PM to 11 PM shift-2 certified nurse aides- 8/25/2024; 3 certified nurse aides-8/5/2024, 8/7/2024, 8/10/2024, 8/11/2024, 8/22/2024, 8/26/2024, 8/28/2024, 8/31/2024 11 PM to 7 AM shift-1 certified nurse aide-8/5/2024, 8/6/2024, 8/7/2024, 8/8/2024, 8/10/2024, 8/11/2024, 8/16/2024, 8/19/2024, 8/25/2024 (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 5/9/2025 at 12:22 PM the Administrator stated staffing in the facility is presently adequate. There were staffing issues in the past, but it has improved. During an interview on 5/9/2025 at 1:53 PM the Human Resources Director, stated they also do the staffing for the facility. The Human Resources Director stated staffing for the first floor is as follows: First floor: 7 AM to 3 PM shift -2 nurses, 5 certified nurse aides; 3 PM -11 PM shift -2 nurses, 4 certified nurse aides 11 PM to 7AM shift-1 nurse, 2 certified nurse aides. The Human Resources Director stated there was a staffing grid they used when they began their position which indicated the provider average ratio levels for the units. Currently agency staff are used to supplement staff callouts in the facility. When they began working in the facility, they did not have a lot of certified nurse aides. The Human Resources Director stated there has been a definite improvement in the number of certified nurse aides in the facility since then. The Human Resources Director stated the facility schedules run on a weekly basis and the agency staff are used when there is a call out. The Human Resources Director stated they use an application called on shift, which shows them how the staffing should be in the facility and the staffing requirements on each floor. During a follow up interview on 5/9/2025 at 2:25 PM the Administrator stated the staffing provider average ratio levels they provided the surveyor are from the facility assessment, and those are the minimum levels. The Administrator stated they will forward a copy of the provider average ratio levels used by the facility for the daily scheduling. On 5/9/2025 the Administrator provided an excel spread sheet of the provider average ratio levels required for nursing staff which reflected staffing for the first floor as follows: Licensed Practical Nurse day shift-2, evening shift-2 and night shift-1; certified nurse aides day shift-5, evening shift-4 and night shift-2. 10 NYCRR 415.13(a)(1)(i-iii)