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	03/13/2026

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

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 0627 Level of Harm - Actual harm Residents Affected - Few	Ensure the transfer/discharge meets the resident's needs/preferences and that the resident is prepared for a safe transfer/discharge. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during survey, the facility failed to plan a safe and appropriate discharge for one (1) of two (2) residents (Resident #188) reviewed for discharge. Specifically, Resident #188 was admitted from a group home for individuals with intellectual disabilities and at the facility for short-term rehabilitation following hospitalization. The facility discharged the resident on 12/26/2025, without notice, for a non-emergent diagnostic test and the resident was left at the hospital outpatient department. The facility did not have a plan or date set with the group home for the residents' return. The resident was not cleared by a physician to be safely discharged , and the group home had not evaluated the resident's ability to safely return. The resident's representative was not notified in writing of the non-urgent discharge and was not given the option to appeal. It was determined that Resident #188's likelihood to experience actual psychosocial harm, using the reasonable person concept (referenced in the Centers for Medicare and Medicaid Services Psychosocial Outcome Severity Guide), occurred as a result of being left at the hospital.Findings include:The 04/28/2025 facility policy Discharge-Transfer/Discharge Notice documented the facility will coordinate a safe transfer or discharge for residents leaving the facility. When a resident is transferred or discharged from the facility, details of the transfer will be documented in the clinical record and appropriate information will be communicated to the receiving health care facility or provider. The facility's interdisciplinary team and the resident's healthcare provider will regularly review the resident's potential for discharge, change in discharge plan, and/or need for transfer to an alternate setting and develop an individualized post discharge plan. The resident's healthcare provider will determine if a transfer to the hospital is required for an urgent medical need or if the resident's behavior poses a threat to their or other's safety or well-being. The resident and/or their representative will receive written notice of the facility's intent for transfer or discharge and their appeal rights prior to the time of discharge from the facility. When a resident is transferred or discharged from the facility, pertinent information regarding the transfer/discharge will be documented in the clinical record, including the discharge/transfer destination, reason for discharge/transfer, and summary of the resident's current medical record. For transfers to the hospital, the nurse will document the details of the hospital transfer in the resident's clinical record. A hospital is not an appropriate discharge destination, and the resident has a right to return to the facility upon completion of hospital stay.Resident #188 was admitted to the facility from the hospital with diagnoses including a disease of spinal cord (bundle of nerves running under the backbone attaching the brain to the rest of body), autistic disorder (neurodevelopmental condition affecting communication, social interaction, and behavior, often involving intense interests and sensory sensitivities), and severe intellectual disabilities.The 12/10/2025 admission Minimum Data Set (a resident assessment tool) documented the resident was rarely/never understood or able to understand and had unclear speech, rarely/never understands, no behavior, impairment on both sides of lower extremity, used wheelchair, required assistance with daily care, did not walk, was frequently incontinent of urine and bowel, received insulin, antipsychotic, anticonvulsant, received Occupational Therapy, Physical Therapy and Respiratory (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
	335418	A. Building B. Wing	03/13/2026

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

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 0627 Level of Harm - Actual harm Residents Affected - Few	Therapy, the family participated in assessment and goal setting.The 12/02/2025 care plan for impaired cognition related to intellectual disabilities and autism had a goal to maintain current level of functioning. Interventions included asking yes or no questions, engaging the resident in simple structured activities, keeping the resident's routine consistent, providing consistent caregiver as much as possible, simple choices, and simple directions.The 12/05/2025 Social Worker #10 progress note documented they met with the resident to complete assessment and were unable as resident was non-verbal. Social Work would contact the care manager. The resident's discharge goal was to be discharged back into the community to a group home. The resident was admitted for rehabilitation. Resident's Representative/Guardian would provide support for the community. Social Work would provide psychosocial support for the resident as needed and assist with the discharge planning process.An Interdisciplinary Team Meeting and Evaluation form documented a meeting was held on 12/18/2025 at the request of the group home to assess the progress of Resident #188. A magnetic resonance imaging (diagnostic test) of the back and head was requested, and the plan was to discharge the resident. Participants included the Registered Dietitian, Director of Nursing, Director of Rehabilitation, Recreation, the family member/guardian by phone, and the group home staff (case manager and nurse) participated virtually. The care plan summary documented goals would continue, and the social worker would follow up with the resident as needed. The section on the form for a discharge planning meeting had a box for appointment date/time and was left blank. The form was not signed or dated and the person completing it was not identified.The 12/26/2025 at 3:46 PM Licensed Practical Nurse #6 progress note documented the resident was alert and responsive, morning care rendered, ate breakfast and lunch. All care was provided. By 2:30 PM, the resident was discharged to the group home via ambulette in stable condition. No distress noted. Review of Resident #188's electronic medical record revealed no documented evidence of a plan for discharge. There was no discharge summary by a medical provider. There were no social work notes regarding the discharge. The physical therapy and occupational therapy notes documented Resident #188 received services from 12/03/2025 to 12/24/2025 and were signed off on 12/29/2025 documenting the resident was discharged to the hospital.The Skilled Nursing Facility (SNF) to Hospital Transfer Form (form that is given to the transporter to take to the hospital) dated 12/26/2025 at 1:00 PM, completed and reviewed by Director of Nursing #1 documented the reasons for transfer was behavioral symptoms (e.g. agitation, psychosis). The form documented the primary reason was not for diagnostic testing. Risk alerts included agitation with risk to harm self or others and high fall risk. Resident #188 was transferred to the hospital at 1:00 PM. The resident's guardian (family member) was notified of transfer and of the clinical situation, and report was called to the hospital Emergency Room.The Transfer/Discharge Notice (form for a facility-initiated transfer or discharge) dated 12/26/2025 documented the Designated Representative was Nurse followed by the first name of Group Home Registered Nurse #1 to inform them that the interdisciplinary team determined the resident would be discharged on 12/26/2025 to the hospital. The form documented the transfer/discharge notice was issued as: 1) the resident's needs could not be met after reasonable attempts at accommodation in the facility as evidenced by: (line left blank for reason); and 2) The safety of individuals in the facility would be endangered, as evidenced by: resident's behavior. The resident's signature section on the form documented unable to sign. The Resident Representative signature documented verbal call over the phone with a phone number and no name of the representative. The Facility Representative signature was Director of Nursing #1. The form documented the Designated Representative was informed on 12/26/2025. The dates for mailing the form to the Designated Representative, the New York State Ombudsman and the Family Member were all left blank.During an interview on 03/11/2026 at 4:16 PM, Resident's Guardian #1stated they were told Resident #188 was sent to the hospital for magnetic resonance imaging. The resident got there and did not have an appointment and was in the Emergency Room. The nursing home had packed the resident's belongings and sent them to the hospital with the resident. Resident's Guardian #1 stated they went to the hospital and took the (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	03/13/2026

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

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 0627 Level of Harm - Actual harm Residents Affected - Few	resident home since the nursing home was not taking them back, and the group home could not accommodate since the resident was in a wheelchair and could not walk.During interviews on 03/12/2026 at 9:04 AM and 10:50 AM, Director of Nursing #1 stated Resident #188 was transferred on 12/26/2025 to the hospital for magnetic resonance imaging. Director of Nursing #1 stated Resident #188 lived in a group home prior to their hospitalization and admission to the facility. The group home Medical Director recommended magnetic resonance imaging prior to the resident returning to the group home. Director of Nursing #1 stated the hospital was informed and resident's representative was also notified that the resident was transferred to the hospital for magnetic resonance imaging. Director of Nursing #1 stated that the plan was for Resident #188 to go to the hospital for magnetic resonance imaging and when it was completed, the group home would be responsible for the resident. The plan was for Resident #188 to go back to the group home and not return to the nursing home.During an interview on 03/12/2026 at 11:25 AM, the Corporate Regional Director of Nursing #1 stated that Resident #188 should not have been discharged that way and it was not a safe discharge. They stated there was no plan for Resident #188 to return to the nursing home after the magnetic resonance imaging.During an interview on 03/12/2026 at 12:54 PM, Licensed Practical Nurse #6 reviewed their nursing note dated 12/26/2025 at 3:46 PM and stated they were misinformed that Resident #188 was discharged to group home. They found out later that the resident was transferred to the hospital and not the group home.During a phone interview on 03/13/2026 at 9:33 AM, Group Home Registered Nurse #1 stated that they knew the facility was sending the resident to the hospital for magnetic resonance imaging but did not know that the resident was not going back to the facility. Group Home Registered Nurse #1 stated that the Direct Support Professional #1 (group home aide providing 1:1 supervision) called them from the hospital and stated they arrived at the outpatient desk and were told the outpatient department had not received report that the resident was coming and did not have orders for any testing for Resident #188. Group Home Registered Nurse #1 stated they then spoke with the outpatient hospital desk staff member and was told they did not have an order for Resident #188 to get the magnetic resonance imaging and directed them to go to the Emergency Room. The resident's family member picked up Resident #188 from the emergency room and took the resident home with them. Group Home Registered Nurse #1 stated they were not expecting Resident #188 to come back to the group home directly after having magnetic resonance imaging because Resident #188 would have needed to be evaluated as medically stable and be able to climb stairs. They further stated that Resident #188 was not ambulatory and needed to be evaluated to be admitted to a different group home without stairs. Group Home Registered Nurse #1 stated there was no discharge meeting held, or any conversation had, or any arrangements made for Resident #188 to be transferred back to the group home after the magnetic resonance imaging at the hospital. Group Home Registered Nurse #1 stated their expectation was that Resident #188 would go back to the facility after the magnetic resonance imaging appointment. They stated they also found out Resident #188 was sent to the outpatient department with all their belongings.During an interview on 03/13/2026 at 2:49 PM, the Director of Social Services stated they started in their position on 12/21/2025. They did know much about Resident #188 and had no interaction with the resident. They stated the process for discharging a resident would be to have an interdisciplinary discharge planning meeting between the facility and staff from the group home. The discharge plan meeting would include discussions on medical clearance by the physician, medications, transportation arrangements and escort. The Director of Social Services stated they were not aware that the resident was going to the hospital on [DATE] and that their belongings were sent with them.During an interview on 03/13/2026 at 3:09 PM, Social Worker #10 stated they were not working on 12/26/2025 when Resident #188 was sent to the hospital. They stated they were not involved in discharge planning. They reviewed the Interdisciplinary Team Meetings and Evaluation form and confirmed a meeting did take place on 12/18/2025 and the form was completed by former Director of Nursing #2.During a follow-up interview on 03/13/2026 at 3:27 PM, Director of Nursing #1 stated Resident #188 was not appropriate (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	03/13/2026

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

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 0627 Level of Harm - Actual harm Residents Affected - Few	for nursing home placement. Resident #188 had 1:1 supervision provided by the group home 24 hours/day, was cognitively impaired, unpredictable, aggressive and was hard to manage. Director of Nursing #1 stated they reached out to Group Home Registered Nurse #1 and was told Resident #188 needed magnetic resonance imaging prior to admission back to the group home. Director of Nursing #1 stated they told the clerk to schedule the magnetic resonance imaging and arrange for transportation. Director of Nursing #1 stated they called Physician #1 for magnetic resonance imaging order but did not enter the order on the computer.During a phone interview on 03/13/2026 at 4:20 PM, Nurse Practitioner #1 stated Resident #188 was from a group home and they saw the resident on 12/04/2025 as a new admission and one (1) or two (2) other times. Nurse Practitioner #1 stated they had not attended a meeting for a discharge planning for Resident #188. They stated they were aware the resident needed magnetic resonance imaging, but were not aware that the resident was going on 12/26/2025.During a phone interview on 03/13/2026 at 4:35 PM, Physician #1 stated Resident #188 was at the facility for rehabilitation and had difficulty ambulating due to a spine issue. They stated Resident #188 did not follow instruction, was not a candidate for rehabilitation, and could not participate in rehabilitation as they could not follow directions. They stated they were not aware the resident needed magnetic resonance imaging, did not give an order for it, and they were not involved with Resident #188's discharge planning. They stated they were not asked to provide medical clearance for Resident #188 to go back to the group home. They stated Resident #188 should not have been sent to the hospital; it was inappropriate for the resident to be sent to the hospital for magnetic resonance imaging without an order and in consideration of the resident's behavior and inability to cooperate.10 New York Codes, Rules and Regulations 415.3(i)(1)

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	03/13/2026

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

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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations and interviews conducted during the recertification survey from 03/09/2026 to 03/13/2026, the facility did not store, prepare and serve food in accordance with professional standards for food service safety. Specifically, 1) unlabeled and undated food were stored in the kitchen and unit pantry refrigerators, and 2) expired foods were stored in the kitchen and unit pantry refrigerators.The findings are: The facility policy titled Food Service and revised 05/10/2024 documented all foods should be covered, labeled and dated. Date marking to indicate the date or day by which to consume will be visible on all food.The facility policy titled Food - From Outside revised 07/12/2023 documented food brought by family/visitors that is left with the resident to consume later will be labeled, (label will identify resident name, room number, item, date received and discard date). All refrigerated foods will be discarded within 48 hours.During the initial tour of the kitchen on 03/09/2026 at 6:24 AM with morning cook #5 an observation was conducted of the kitchen refrigerators of 16 sandwiches and full pan of cooked peas unlabeled and undated. The following food items were found expired: 30 cups of jello dated 02/03/2026, 20 cups of jello dated 02/26/2026, 15 cups of jello dated 03/05/2026, pan of peaches dated 02/28/2026, and the following foods all with expired date of 03/05/2026: pan of quiche, pan of chopped lettuce, pan of prepared tuna salad, and pan of prepared egg salad.During the initial tour the Food Service Director arrived and was interviewed at 6:44 AM. They stated they were not sure why the expired food had not been discarded, that all staff were responsible for removing expired food, and that all staff had been educated on labeling and dating food. During an observation on 03/09/2026 at 7:11 AM of the unit 3 resident refrigerator the following unlabeled and undated food items were observed: pizza box, soup, cinnamon roll in a baggie, a peanut butter and jelly sandwich, pasta, a Styrofoam container of vegetables from the facility kitchen, a grocery bag of Chinese food, and an expired salad dated 03/05/2026. The freezer contained a medical ice pack in a plastic bag. At that time the Food Service Director stated the nursing staff were responsible for labeling and dating the food when it is stored in the refrigerator and that they also discard expired food. The housekeeping staff were responsible for cleaning the refrigerator. 10 NY CRR 415.14(h)

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	03/13/2026

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

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 0573 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Let each resident or the resident's legal representative access or purchase copies of all the resident's records. Based on record review and interview conducted during the recertification and abbreviated surveys (485232, 2704152) from 3/09/2026-3/13/2026, the facility did not ensure that the resident's legal representative upon written request, was provided with a copy of the resident's health care record within two (2) working days for one (1) of (2) residents (Resident #188) reviewed for discharge and one (1) of four (4) residents (Resident #74) reviewed for notification of change. Specifically, 1) Resident #74's Health Care Proxy requested health care records on 3/18/2025 and the records were not provided until 6/03/2025; and 2) Resident #188's legal guardian requested health care records on 12/29/2025 and there was no documented evidence the records were provided.Findings include:The facility's policy and procedure titled Medical Records Request last revised 11/2025 documented authorized requests of medical records will be made in accordance with current applicable laws. The Administrator will be notified of all requests for the release of medical records. The Administrator will ensure that written authorization for the release of medical records is received. The Medical Record staff person will make two (2) copies of the medical record. One copy of the record will be sent via FedEx/Registered mail or secure mail to the authorized person making the request when records are ready.1) Resident # 74 was admitted to the facility with diagnoses including cerebral infarction, dementia, and diabetes.The 12/15/2025 Minimum Data Set (an assessment tool) documented the resident had moderate cognitive impairment.The 3/18/2025 Authorization for Release of Health Information form documented Resident #74's resident representative requested the health care records of Resident #74 from 1/1/2024 to 3/18/2025. The health care records were provided to Resident #74's representative on 6/3/2025, more than 2 months after the representative's request.2) Resident #188 was admitted with diagnoses including disease of spinal cord, autistic disorder and severe intellectual disabilities.The 12/10/2025 Minimum Data Set documented Resident #188 was not interviewed for Brief Interview for Mental Status (cognitive test); the resident was rarely/never understood and had unclear speech.The 12/29/2025 Authorization for Release of Health Information form documented Resident #188's legal guardian requested Resident #188's health care records for the time period of 12/02/2025 - 12/26/2025.During an interview on 03/13/2026 at 12:02 PM, the Director of Medical Records stated when they received requests for medical records, they informed the Administrator, prepared the medical records requested, and sent them to the resident's representative. They acknowledged they received request from Resident #74's representative dated 3/18/2025. They stated they made copies and sent them via email on 6/03/2025 as per representative's request. The Director of Medical Records provided a copy of an email sent to Resident #74's representative that confirmed medical records were sent on 6/03/2025. The Director of Medical Records stated that on 01/07/2026, the facility informed Resident #188's legal guardian that Resident #188's medical records were ready with a cost of $289.50 for electronic and photocopying. The Director of Medical Records stated Resident #188's legal guardian changed their mind after learning of the cost and decided to only request the 12/26/2025 records. The Director of Medical Records was unable to provide documented evidence that the health care record for 12/26/2025 was provided to Resident #188's legal guardian. The Director of Medical Records further stated they were not aware there was a specific time period to respond to requests for medical records.During an interview on 3/13/2016 at 2:57PM, the Administrator stated they received mail from resident representatives requesting medical records. They stated the medical records were prepared by the Director of Medical Records and provided to the resident representative as soon as the records were ready. The Administrator was unable to provide a specific timeline as to when records had to be provided to resident representatives.10 NYCRR 415.3(d)(1)(iv)

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	03/13/2026

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

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record reviews and interviews during the recertification and abbreviated surveys (2625787) from 03/09/2026 through 03/13/2026, the facility did not ensure that a resident who was unable to carry out activities of daily living received the necessary care and services for 1 of 6 residents (Resident #138) reviewed for Activities of Daily Living. Specifically, Resident #138 was observed eating lunch lying in bed with head in a low position. The findings included: A facility policy titled Meal Service Process: Delivery, Set-up, Assistance, and Documentation last revised 12/15/2025 documented: The facility provides a safe and person-centered meal service to residents. The resident should be positioned/seated in an upright position so their -head and upper body are as upright as possible. Assist the resident with meal/tray set up as needed and requested. Resident #138's diagnoses included diabetes mellitus, bilateral above knee amputation, and dyspnea. A quarterly Minimum Data Set (a resident assessment tool) dated 01/08/2026 documented Resident #138 had moderate cognitive impairment, required moderate assistance from lying to sitting position, independent for feeding self, and dependent for transfer by mechanical lift. The resident care plan focus documented: Assistance with self-care and mobility related to fatigue, limited mobility related to bilateral above knee amputation and limited range of motion dated 04/15/2025 documented interventions included set up/clean-up for eating. The 02/27/2026 email from Resident #138's wife stated a need for a bed that could allow Resident #138 to sit upright when eating. During an observation and interview on 03/09/2026 at 11:49 AM Resident #138 was in bed lying flat. They stated the back of their bed did not tilt up so that they could sit up straight, when in bed they were mostly positioned lying flat. Resident #138 stated they had reported this to the nursing staff about a month ago and they were waiting for maintenance to repair the bed. During an observation on 03/09/2026 at 12:45 PM Resident #138 was in bed eating lunch lying with head in a low position spilling food over their chest while moving the utensil horizontally across their body to their mouth. During an interview on 03/13/2026 at 8:30 AM Certified Nurse Aide #7 described procedure for setting residents up for meals when eating in the dining room or in their room, including sitting residents upright when eating or when being fed. During an interview on 03/13/2026 at 8:35 AM the Director of Nursing stated the procedure for residents eating in bed is to set the residents up at 90 degrees for safe eating. 10 NYCRR 415.12 (a)(3)

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	03/13/2026

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

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. Based on observations, interviews, and record review conducted during the recertification survey from 03/09/2026 to 03/13/2026, the facility did not ensure residents received care consistent with professional standards of practice to prevent and promote healing of pressure ulcers for one (1) of six (6) residents (Resident # 14) reviewed for pressure ulcers. Specifically, Registered Nurse #2 did not adhere to the physician orders for the treatment of Resident #14's pressure ulcer by omitting a topical medication and applying a dressing that was not ordered.Findings Include:The facility policy Pressure Ulcer Treatment revised 11/2024, documents to apply dressing/treatment according to the manufacturers direction, care plan and the physician order.Resident #14 had diagnoses of paraplegia, anemia and type 2 diabetes. The quarterly Minimum Data Set (an assessment tool) dated 11/24/2025 documented Resident #14 was at risk for pressure injuries and had three stage 4 pressure ulcers.The physician's order dated 01/26/2026 documented to apply Santyl External Ointment (Collagenase) to their left distal lateral foot every day shift for pressure wound.During a dressing change observation on 03/11/2026 at 10:54 AM, Registered Nurse #2 was observed cleansing Resident #14's left foot wound with normal saline solution, then applied a Xeroform dressing, and wrapped the dressing with gauze and kling.During an interview on 03/11/2026 at 11:20 AM, Registered Nurse #2 stated they did not check the physician order before going into Resident #14's room. They stated that the floor nurses usually changed the dressing. They stated that they normally took the computer with them, but they did not because they did not want to hold the surveyor up.During an interview on 03/11/2026 at 11:45 AM, the Director of Nursing stated that there was no excuse for Registered Nurse #2 to not follow the physician order and they did not know why this happened. Additionally, they stated that all nurses received a competency on wound care upon hire during their orientation. 415.12(c)(1)

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	03/13/2026

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

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews during the recertification and abbreviated surveys (2702513) from 3/9/2026 to 3/13/2026, the facility did not ensure that each resident received the proper respiratory treatment and care consistent with professional standards of practice for two (2) (Residents #187 and #102) of four (4) residents reviewed for respiratory care. Specifically, 1) the facility did not ensure that a physician's order for continuous positive airway pressure settings and administration parameters was in place for Resident #187 who was reportedly using a continuous positive airway pressure (CPAP) machine; and 2) Resident #102 did not receive the correct flow rate of oxygen therapy based on the physician's order and care plan.The findings include: The Policy and Procedure titled Airway Pressure Support dated 12/2/2024, documented the facility follows current standards of practice in the care of residents requiring airway pressure support devices, to improve respiratory function in residents with respiratory conditions and/or obstructive sleep apnea. Device use will be performed in accordance with the state Nurse Practice Act scope of practice for Registered Nurses and Licensed Practical Nurses. A Physician's order is required. The order should include all settings and delivery route. 1.Resident #187 was admitted to the facility with diagnoses of chronic obstructive pulmonary disease, respiratory failure and obstructive sleep apnea. The Minimum Data Set (resident assessment) dated 9/27/2025 documented the resident had intact cognition and received oxygen therapy. The Hospital Discharge summary dated [DATE], documented Resident #187's discharge plan, which included diagnoses of chronic obstructive pulmonary disease and obstructive sleep apnea. The discharge summary documented the use of a continuous positive airway pressure machine. The Physician's Orders dated 9/24/2025 documented that Resident #187 required the use of a continuous positive airway pressure machine at night related to a history of obstructive sleep apnea. The order did not have specific scheduling details and did not include continuous positive airway pressure machine settings or administration parameters. The Treatment Administration Records and Medication Administration Records dated October 2025 through January 2026 revealed no documented evidence of an order for or administration of a continuous positive airway pressure machine. The Physician Progress Notes dated October 2025 through January 2026 documented in the Assessment and Plan included acute hypoxemic respiratory failure and continuous positive airway pressure use at night related to a history of obstructive sleep apnea. During a phone interview on 3/12/2026 at 4:08 PM, Nurse Practitioner #1 stated that initiation of continuous positive airway pressure treatment required a physician order. Nurse Practitioner #1 stated that the order should include the machine settings and delivery route, and nursing staff were responsible for documenting the procedure in the resident's clinical record. Nurse Practitioner #1 stated that they had observed Resident #187 using continuous positive airway pressure machine in their room and could not recall specific details regarding continuous positive airway pressure treatment for this resident. (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	03/13/2026

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

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/13/2026 at 9:03 AM, Licensed Practical Nurse #3 stated that continuous positive airway pressure machines were provided with specific settings, and the order for the machine, including the settings, should be placed in the Treatment Administration Record so nurses could verify the machine settings with the physician order and document the procedure. Licensed Practical Nurse #3 stated that they could not recall whether Resident #187 had a continuous positive airway pressure machine. During an interview on 3/13/2026 at 3:36 PM, the Director of Nursing stated that the nurse practitioner's order was entered as a general order, did not include scheduling details, and was not triggered in the system to populate in the Treatment Administration Record for nursing staff to sign off on treatment administration. The Director of Nursing stated that nurses did not ensure that physician orders for respiratory treatment were complete, accurately entered into the electronic system, and properly transferred to the Treatment Administration Record for nursing documentation, which created the potential for treatment to be provided without verification of physician-prescribed parameters and without documentation of administration. 2.Resident # 102 was admitted with diagnoses of Chronic Obstructive Pulmonary Disease, Vascular Dementia and Chronic Kidney Disease. The 6/04/2025 Annual Minimum Data Set documented Resident # 102 had severe impaired cognition and was on oxygen therapy The 01/27/2026 physician order documented supplemental oxygen via nasal cannula at 2 Liters per minute every shift for hypoxia, check oxygen saturation every shift. The care plan updated on 2/2026 documented at risk for/has alteration in respiratory system related to Chronic Obstructive Pulmonary Disease with goal that resident will receive adequate oxygenation as evidenced by acceptable pulse oximetry level. Interventions included but not limited to provide oxygen per physician's orders. Maintain/change tubing per protocol. care plan updated10/25, 11/25,2/26 During observational rounds on 3/9/3026 at 8:41AM and 12:40PM, 3/10/2026 at 11:57AM, Resident was observed with oxygen via nasal cannula at 3.5 liters via concentrator. During observational round with the Unit Manager on 3/11/2026 at 11:47AM, resident was observed in room with oxygen via nasal cannula at 3.5 liters via bedside concentrator. On 3/11/2026 at 11:51AM, Licensed Practical Nurse Unit Manager #4 and surveyor checked the physician's order for Resident #102. Licensed Practical Nurse Unit Manager #4 confirmed the physician's order documented supplemental oxygen via nasal cannula at 2 liters per minute every shift for hypoxia. Licensed Practical Nurse Unit Manager #4 also checked Resident # 102's Treatment Administration Record dated 3/01/2026 – 3/10/2026 and confirmed that oxygen via nasal cannula at 2 liters per minute every shift was documented. Licensed Practical Nurse Unit Manager #4 stated they were ultimately responsible for checking residents on oxygen therapy to make sure they got the correct rate of oxygen as per physician's order. Licensed Practical Nurse Unit Manager #4 further stated Resident # 102 did not receive the correct rate of oxygen and the physician's order was not followed. On 03/11/2026 12:06 PM Director of Nursing stated that the Unit Manager or Charge Nurse were (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	03/13/2026

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

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	responsible for unit day-to-day operations. The unit manager was responsible in making sure residents got the correct oxygen as per physician's order. 415.12(k)(6)

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	03/13/2026

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

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Post nurse staffing information every day. Based on observations and interviews conducted during the recertification survey from 03/09/2026 to 03/13/2026, the facility did not ensure daily nurse staffing was posted in an area accessible to all residents and visitors. Specifically, the posting of daily nurse staffing for all nursing staff working in the facility on each shift was not displayed for the date of 03/08/2026.Findings include:During an observation on 03/09/2026 at 6:10 AM, the nurse staffing posted in the lobby of the facility was dated 03/07/2026. There was no observed nurse staffing posted for 03/08/2026.During an interview on 03/13/2026 at 10:20 AM, the Director of Nursing stated that the overnight nurse supervisor was responsible for posting the nurse staffing for the day. They stated they did not know why the nurse staffing was not posted on the bulletin board in the lobby for 03/08/2026.During an interview on 03/13/2026 at 11:28 AM, Registered Nurse Supervisor #8 stated it was their responsibility to post the nurse staffing on the bulletin board in the lobby. They stated they completed the form on the morning of 03/08/2026 but left the form in the nursing supervisor's office.

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	03/13/2026

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

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 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Dispose of garbage and refuse properly. Based on observation, record review and interview during the recertification survey conducted 03/09/2026 through 03/13/2026, the facility did not ensure proper disposal of garbage and refuse. Specifically, 1) the recycle dumpster had been left open and there were cardboard boxes spilling over the top onto the surrounding ground, and 2) the compactor door had been left open.The findings are:The facility policy titled Garbage - Food and Refuse Disposal revised 12/2020 documented, outside dumpsters provided by garbage pickup services will be kept closed and free of surrounding litter.During an observation of the garbage area on 03/11/2026 at 12:11 PM with the Food Service Director, the recycle dumpster was open with cardboard boxes spilling over the top. There were observed boxes, a plastic bag of cans, and other litter on the ground surrounding the dumpster and trapped under it. During an observation of the compactor at the same time, the door was held in an open position with the door holding chain. During an interview at that time, the Food Service Director stated the entire facility used both the compactor and the recycle dumpster. They stated the kitchen staff had been educated to close the door to the compactor after use and to break down the boxes to fit into the recycle dumpster. All departments in the facility were responsible for keeping the area clean, and garbage picked up. They believed garbage pickup service was completed a few times a week. 10 NYCRR 415.14(h)

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	03/13/2026

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

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 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. Based on observations and interviews conducted during the recertification and abbreviated surveys (2625787) from 03/09/2026 to 03/13/2026, the facility did not ensure that essential equipment was maintained in a safe and operating condition for one (1) (Resident #138) of four (4) residents reviewed for the environment. Specifically, Resident #138's bed was broken and could not be inclined beyond 30 degrees.The findings include:The facility policy titled Maintenance Services reviewed 05/2025 documented the facility provides maintenance services to the equipment in accordance with current standards of practice and State and Federal Regulations; and is responsible for maintaining equipment in a safe and operable manner.During an observation and interview on 03/09/2026 at 12:45 PM, Resident #138 was attempting to feed themself lunch while lying in bed. Resident #138 was positioned lying back at about a 30-degree incline and spilling food over their chest while moving the utensil horizontally across their body to their mouth. Resident #138 stated their bed had been broken in this position for about a month, they stated they told the nurse, but maintenance had not repaired it yet. At that time the Director of Nursing was on the unit and they were notified of the broken bed. The Director of Nursing arrived to Resident #138's room and stated the bed was not broken and the back needed to be raised to a more upright position. They attempted to increase the incline with the bed control but it did not work. The Director of Nursing stated they would get some pillows to prop Resident #138 up to eat in a safe manor but then decided to use the mechanical lift to move Resident #138 out of bed and into their wheelchair to eat lunch. During a follow up observation at 12:53 PM, Resident #138 was seated in their wheelchair eating lunch without difficulty. The Director of Maintenance arrived to the Resident's room to evaluate the bed.During an interview on 03/09/2026 at 3:46 PM the Director of Maintenance stated Resident #138's bed had to be replaced because it was not inclining to 90 degrees. During an interview on 03/13/2026 at 8:35 AM the Director of Nursing provided an email from Resident #138's wife dated 02/27/2026 that stated a need for a bed that could allow Resident #138 to sit upright.During an interview on 03/13/2026 at 10:58 AM the Director of Maintenance stated staff in the facility would notify them verbally of a work order request either by walkie talkie or the work log request book. The Director of Maintenance stated they checked the log book daily in the morning and afternoon. They were not notified of Resident #138 broken bed until 03/09/2026 when the Department of Health surveyor made the facility aware. The Director of Maintenance stated they tried to address equipment or other concerns immediately. 10 NYCRR 415.29