

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335422	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2026
NAME OF PROVIDER OR SUPPLIER  River Ridge Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE  100 Sandy Drive Amsterdam, NY 12010	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review, and interviews during a survey, the facility did not maintain a pest-free environment and an effective pest control program in two (2) of two (2) private resident shower rooms and two (2) of three (3) main shower rooms. Specifically, (a.) dead ants and live &amp; dead water bugs were found in a private shower room located in resident room [ROOM NUMBER]; (b.) dead ants were found in room [ROOM NUMBER]'s private shower room; (c.) dead and live ants were found in shower room on Unit A across the hall from room [ROOM NUMBER] and the shower room on Unit C across the hall from rooms #57 and #58. This is evidenced by: During observations on 3/17/2026 at 1:47 PM, both dead insects and live insects were found crawling s in the private shower room inside room [ROOM NUMBER].During observations on 3/17/2026 at 2:25 PM, dead ants were found around the floor in a private shower room inside room [ROOM NUMBER].During observations on 3/17/2026 at 2:26 PM, little black ants were found crawling on the floor of the Unit A shower room located across the hall from room [ROOM NUMBER].During observations on 3/17/2026 at 2:40 PM, little black ants were found crawling on the floor of the Unit C shower room located across the hall from Rooms #57 and #58.During an interview on 3/17/2026 at 1:50 PM, Housekeeping Aide #1 stated they cleaned the private shower rooms every other day and notified maintenance if they see insects or any type of pests.During an interview on 3/17/2026 at 2:10 PM, Director of Maintenance #1 stated that ants have been an ongoing problem due to residents dropping food on the ground . The facility used a pest control vendor that comes in monthly to treat for pests. Director of Maintenance #1 stated that the pest control vendor was in the facility in the morning of 3/17/2025. In addition, the facility only has two rooms with private showers located in the residents rooms which the water was ran weekly.During an interview on 3/17/2026 at 2:12 PM, Maintenance Staff #1 stated they ran the water in the two private showers monthly, so nothing could build up. Maintenance staff #1 also stated that the last time the showers were ran with water was a month and a half ago. If pests arise, they notify Director of Maintenance #1 who would call the pest control vendor since they were not allowed to use any spraying chemicals in the facility.During an interview on 3/17/2026 at 2:29 PM, Housekeeping Aide #2 stated they have been employed at the facility for about three months and learned of a private shower in room [ROOM NUMBER] a week ago from another housekeeping staff. Housekeeping Aide #2 stated they had not cleaned the private shower since it was not used. 10 New York Codes, Rules and Regulations 415.29(j)(5)</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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