STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335422	A. Building B. Wing	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
River Ridge Living Center	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)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interviews conducted during a survey, the facility failed to maintain accurate documentation in accordance with accepted professional standards and practices, that were complete and accurately documented for one (1) (Resident #1) of three (3) residents reviewed. Specifically, for Resident #1, Nurse Practitioner #1 incorrectly documented Resident #1 had multiple pressure areas during four encounters dated 2/10/2026, 2/17/2026, 2/24/2026 and 3/19/2026.Findings include:The facility's Policy titled Charting and Documentation dated 10/22, last reviewed 4/2026 documented all services provided to the resident, progress toward the care plan goals, or any changes in the resident's medical, physical, functional or psychosocial condition, shall be documented in the resident's medical record. The medical record should facilitate communication between the interdisciplinary team regarding the resident's condition and response to care. Documentation in the medical record will be objective (not opinionated or speculative), complete, and accurate.Resident #1 was admitted to the facility with diagnoses of acquired absence of a Leg above knee and spastic hemiplegia affecting nondominant side, muscle weakness and dysphagia (difficulty swallowing). The Minimum Data Set (an assessment tool) dated 12/12/2025 documented that the resident could be understood and usually understand others and had intact cognition for daily living decisions. Progress note dated 2/10/2026 by Nurse Practitioner #1 documented Resident #1's skin was warm and dry multiple pressure areas.Progress note dated 2/17/2026 by Nurse Practitioner #1 documented Resident #1's skin was warm and dry multiple pressure areas.Progress note dated 2/24/2026 by Nurse Practitioner #1 documented Resident #1's skin was warm and dry multiple pressure areas.Progress note dated 3/19/2026 by Nurse Practitioner #1 documented Resident #1's skin was warm and dry multiple pressure areas. During an interview on 4/07/2026 at 2:42 PM, Assistant Director of Nursing #1 stated they were unfamiliar with PointClickCare (Electronic Health Record) at that time of hire in February 2026, thought Resident #1 was being followed by wound care. The progress note documented on 3/06/2026 was correct with the exception of the wound being followed by wound care. Resident #1 had no open areas and no discoloration or noted coldness of the left foot.During an interview on 4/09/2026 at 10:30 AM, Director of Nursing #1 stated they were in the process of auditing documentation for accuracy and trying to figure out how the error occurred and how to correct the issue as it appears to be a system issue and not user error. Prior to today documentation was reviewed for completeness but not accuracy by the Assistant Director of Nursing. They stated audits were started today (4/9/2026) to check for accuracy. During an interview on 4/09/2026 at 10:45 AM, Nurse Practitioner #1 stated they just examined the Resident, there were no open wounds. The documentation that indicated the resident had multiple pressure areas was incorrect and believed this was an error in the system. Nurse Practitioner #1 stated that documentation was deleted, however somehow re-appeared in all the notes. The facility is looking into how to correct and prevent this issue. 10 New York Codes, Rules, and Regulations 415.22(a) (1-4)

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