

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335441	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/15/2025
NAME OF PROVIDER OR SUPPLIER Cortlandt Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 110 Oregon Road Cortlandt Manor, NY 10567	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. (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
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interviews conducted during the abbreviated survey (2632359) the facility did not ensure that the resident's care plan was reviewed and revised timely for 1 (one) of 3 (three) residents (Resident #1) reviewed for falls. Specifically, Resident #1's care plan was not updated after a fall on 7/18/2025 to reflect a new intervention until 07/21/2025. The 09/18/2025 Facility Falls-Clinical Protocol policy documented the staff and practitioner will begin to try to identify possible causes within 24 hours of the fall. The staff and physician will identify pertinent interventions to try to prevent subsequent falls. If the individual continues to fall the staff and physician will reevaluate the situation and reconsider possible reasons for the residents falling instead of or in addition to those that have already been identified and also reconsider the current interventions. Resident #1 was admitted to the facility with diagnoses which included a history of fall, left hip fracture, and Alzheimer's disease. The 07/11/2025 Nursing admission note documented by Registered Nurse #9 documented the admission Evaluation documented the resident's diagnoses included closed left hip fracture and moderate risk for fall with a fall risk score of 15. The 07/11/2025 Baseline Care Plan documented the resident required partial / moderate assistance with sit to stand and chair/bed to chair and toilet transfers and walking 10 feet. The 07/14/2025 at risk for Falls Care Plan documented at risk for falls, history of falls related to recent change in condition requiring skilled nursing home placement, recent decrease in mobility recent fall prior to skilled nursing home placement. Fall Care Plan Interventions dated 07/14/2025 documented call light and personal items within reach, keep environment well-lit and free of clutter, non-skid socks when not wearing shoes, offer snack and or fluids when resident is attempting to self-transfer self-ambulate, resident to use call light as needed and wait for assistance. The 07/18/2025 Minimum Data Set admission Assessment documented the resident had severely impaired cognition and required partial / moderate assistance with sit to stand and chair to bed transfers and walking 10 feet and was dependent with toilet transfers. The 07/18/2025 facility incident report documented the resident sustained an unwitnessed fall in their room at 10:25 AM. The Resident was observed on the floor at side of bed by Certified Nurse Aide #2. There was no documented evidence that bed in low position was added to the care plan until 07/21/2025. The 07/18/2025 Fall Risk Evaluation documented high risk for falls, score 69. The 07/21/2025 Incident Report documented resident sustained an unwitnessed fall in their room at 07:10 PM, was observed lying on the floor next to their bed, unable to relate what happened due to cognition, denies hitting head, denies pain, no apparent injuries noted. The 07/21/2025 Fall Risk Evaluation documented high risk for falls, score 69. The 07/21/2025 Care Plan intervention documented bed in lowest position. During a follow-up interview on 10/15/2025 at 08:45 AM, the Director of Nursing stated that after the 07/18/2025 fall, the intervention to keep the resident's bed in the lowest position was not implemented until 07/21/2025. They stated the staff completes routine hourly rounding for all residents although it is not documented in resident care plans or resident care guides. During an interview on 10/15/2025 at 12:50 PM, the facility Administrator stated that their expectation is that care plan interventions are updated in real time as possible to ensure that evidence supports prevention of further falls. During an interview on 10/16/2025 at 02:08 PM, the Primary Physician stated the care plan intervention was not documented timely. 10 NYCRR 415.11 (c)(2)(i-iii)</p>		