

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 03/03/2025
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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40686</p> <p>Based on observation, interview, and record review conducted during the recertification survey from 2/25/2025 to 3/3/2025, the facility did not ensure infection prevention was maintained. This was evident for 1 (1st Floor) of 3 resident units. Specifically, Housekeeper #3 was observed in a contact/droplet precaution room without the required personal protective equipment.</p> <p>The findings are:</p> <p>On 2/26/2025 at 12:12 PM, Resident #50 and #52 were observed out of bed and in room [ROOM NUMBER] on the 1st Floor. A Enhanced Barrier Precaution sign was posted on the wall in the hallway to the left of entryway to the room. A Contact/Droplet Precaution sign was posted on the door. Housekeeper #3 was observed wearing N95 mask and mopping the floor in room [ROOM NUMBER]. Housekeeper #3 was not wearing a gown, gloves, or protective eyewear. At the time of the observation, Housekeeper #3 was interviewed and stated they received inservice from the Infection Preventionist yesterday and was told they did not have to don full personal protective equipment in rooms with certain precaution signs. The Infection Preventionist showed Housekeeper #3 a sign that was posted on another room as an example. Housekeeper #3 stated they were confused about the precautions for room [ROOM NUMBER] because there were 2 signs placed outside the room and they were unsure what personal protective equipment they should wear when entering the room.</p> <p>On 3/03/2025 at 12:25 PM, the Infection Preventionist was interviewed and stated Housekeeper #3 was confused by the different precaution signs outside of room [ROOM NUMBER] and made a mistake by not wearing a gown, gloves, and protective eyewear to enter the room. Resident #50 and #52 were tested and negative for COVID-19 infection but were on contact/droplet precautions due to exposure to other residents who tested positive for COVID-19.</p> <p>10 NYCRR 415.19(a)(1-3)</p> <p>50816</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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