

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335508	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/02/2023
NAME OF PROVIDER OR SUPPLIER  Sky View Rehabilitation & Health Care Center L L C		STREET ADDRESS, CITY, STATE, ZIP CODE 1280 Albany Post Rd Croton on Hudson, NY 10520	

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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>47626</p> <p>Based on observations, record review, and staff interviews during the recertification survey on 10/26/2023-11/2/2023, the facility did not ensure that needed services, care and equipment were provided to assure that a resident with limited range of motion and mobility maintained or improved function based on the resident's clinical condition for one of four residents (Resident #158) reviewed for range of motion. Specifically, Resident #158 was not provided with bilateral hand splint device as ordered by the physician to improve the resident's contractures.</p> <p>The findings are:</p> <p>A review of the Policy &amp; Procedure titled Contracture Prevention and Management last revised on 5/26/2022, documented all departments would work in conjunction to apply preventative measures such as range of motion, positioning and splinting to prevent and manage contractures in the resident population.</p> <p>Resident #158 had diagnoses including pulmonary embolus, functional quadriplegia, and diabetes. The Quarterly Minimum Data Set (MDS, an assessment tool) dated 10/6/2023 documented the resident had severely impaired cognition and was dependent on staff for all activities of daily living. The resident's functional limitation for range of motion was documented as impairment on both sides.</p> <p>A review of the current physician orders dated 10/18/2023, documented bilateral hand rolls to be worn at all times.</p> <p>A review of the Certified Nurse Aide (CNA) Kardex (care instructions) dated October 2023, documented bilateral hand rolls to be worn at all times.</p> <p>A review of the Activities of Daily Living care plan dated 6/9/2023, documented bilateral hand rolls to be worn at all times.</p> <p>During observations on 10/26/2023 at 10:12 AM, 10/27/2023 at 11:06 AM, and 10/30/2023 at 1:13 PM, the resident had bilateral hand contractures and had a hand roll in left hand and nothing in the right hand.</p> <p>(continued on next page)</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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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 10/31/23 at 10:12 AM, CNA #1 stated they looked at the Kardex for care instructions and the Kardex documented the resident had bilateral hand rolls. CNA #1 stated that meant the resident should have the roll in their hand but was not sure which hand.</p> <p>During an interview on 10/31/2023 at 11:00 AM, the Director of Rehabilitation stated they were informed the resident did not have the hand rolls in both hands and corrected the situation. The Director of Rehab stated if the resident did not receive the hand rolls as ordered, the resident could suffer further contracture, poor hygiene and possibly pain.</p> <p>During an interview on 10/31/23 at 01:21 PM, the Director of Nursing (DON) stated directions for hand rolls was written on the care plan and on the resident's Kardex, and Resident #158 should have the hand rolls in both hands.</p> <p>415.12 (e)(2)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 37658</p> <p>Based on observation, interview, and record review conducted during the recertification survey [DATE] - [DATE], the facility did not ensure that foods were stored, prepared, distributed, and served in accordance with professional standards for food service safety. Specifically, 1) Equipment used for food service preparation, storage, and service was not maintained in a sanitary condition, 2) 1 of 4 nourishment refrigerators contained expired and undated food, and 3) Food was contaminated by server/cook's ID tag during prep and this server did not perform hand hygiene between glove changes.</p> <p>The findings are:</p> <p>1) The initial tour of the kitchen was conducted on [DATE] at 11:13 AM with the Food Service Director (FSD) in attendance. The following were observed:</p> <p>A large, standing flour bin was observed in the dry storage room. The external surfaces of the flour bin, including the sliding lid used to access the flour, were heavily soiled with dirt and yellow-ish colored and brown-ish colored accumulations of grime. In an interview at that time, the FSD stated there was no cleaning schedule for the flour bin. The FSD stated the bin could use a cleaning. The FSD stated that the risk to the residents was contamination of the flour.</p> <p>An opened, 5-pound container of peanut butter was stored on dry storage room shelf. The lid of the peanut butter was soiled with peanut butter, jelly, and black-ish colored areas of unknown origin. In an interview at that time, the FSD stated that the lid on the peanut butter should have been wiped down and clean. The FSD stated that the risks to the resident were contamination of the peanut butter and illness, and they discarded the peanut butter.</p> <p>A 3-shelf rack in the pot washing area was in use for storage of cleaned and sanitized pots, pans, cutting boards, an immersion blender, a beater for a mixer, a meat-tenderizer tool, and 2 large strainers. All shelves of the rack were heavily soiled with an accumulation of grime, dried debris of unknown origin, dried, sticky-to-the-touch spills, and dust. In an interview at that time, the FSD stated the rack definitely needed to be cleaned. The FSD stated there is a scheduled monthly deep clean for the racks. The FSD was asked the risk to residents when clean, sanitized food equipment is stored on a soiled rack, and stated there was a risk is for contamination of the equipment and illness to the residents.</p> <p>In a follow up interview on [DATE] at 12:03 PM, the FSD was asked for documentation of scheduled cleaning, and was unable to produce documentation that cleaning tasks were being completed.</p> <p>2) On [DATE] at 11:15 AM an inspection of the four nourishment refrigerators was conducted with the FSD in attendance. The following were noted:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The fourth-floor nourishment refrigerator contained two food items with a resident's name. The items were an undated bowl of hot turkey, mashed potatoes, cranberry, and stuffing, and an expired container of fresh fruit dated [DATE]. During an interview at that time the FSD stated that foods brought in must be labeled, dated, and discarded within 3 days. The FSD stated that that all staff were responsible for checking dates and discarding outdated items. The FSD discarded the two food items.</p> <p>3) On [DATE] at 12:30 PM, food server/cook #1 was observed prepping a lunch plate for a resident when the identification tag, hanging from server/cook #1's neck, touched the resident's food. During this lunch observation, server/cook #1 removed their gloves, left the area, return to continue serving food without performing hand hygiene and then put on another pair of gloves and then began to serve and prepare resident food plates.</p> <p>When interviewed on [DATE] at 12:40 PM, food server/cook #1 stated he was not aware his ID touched food that they was preparing and was unable to say why they did not perform hand hygiene.</p> <p>10NYCRR 415.14(h)</p> <p>48848</p>