

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** [NAME] Gardens Center for Nursing and Rehab</p> <p>F600 J, Event ID: DSWK11</p> <p>Exit Date 5/28/2025 Due Date 6/11/2025</p> <p>[NAME] NR /[NAME]</p> <p>Based on record review and interviews conducted during an abbreviated survey (NY00367662), the facility failed to ensure residents were free from abuse for one (1) of three (3) residents reviewed for abuse (Resident #1). Specifically, Resident #1 had a history of sexually inappropriate behaviors towards other residents on 9/20/2024 and 12/23/2024 and there was no documented evidence the facility revised care plans or implemented interventions and/or physician orders to prevent the resident from sexually abusing other residents. Subsequently, on 1/5/2025, Resident #1 was observed by Certified Nurse Aide #1 half-naked in bed, on top of Resident #2, who at the time of this incident was a severely cognitively impaired resident with their mouth on Resident #2's genital area. After this incident, Resident #1 was moved to a different unit on a different floor. However, during the same week of the incident, Resident #1 was able to leave undetected by staff from their new unit and again found in the room of Resident #2. The facility's failure to implement adequate interventions to prevent abuse resulted in Immediate Jeopardy and Substandard Quality of Care with the likelihood of serious injury and harm to the health and safety to Resident #2 and all residents in the facility.</p> <p>The findings include:</p> <p>The facility's Abuse policy revised 5/2024 documented the resident has the right to be free from verbal, sexual, physical and mental abuse. The facility promotes any effort to prevent abuse.</p> <p>Resident #1 had diagnoses which included cerebral infarction (a condition where blood flow to a part of the brain is blocked or reduced, leading to tissue death) and vascular dementia (caused by an impaired supply of blood to the brain, such as may be caused by a series of small strokes).</p> <p>The 6/18/2024 Quarterly Minimum Data Set, (an assessment and screening tool) documented Resident #1 was cognitively intact, had no behaviors and received supervision with ambulation.</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 |
|---|-------|-----------|

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The 7/27/2024 Comprehensive Care Plan for Resident #1 titled Risk for Potential Verbal/Physical/Sexual Abuse Secondary to Cerebral Infarction included: assess for signs and symptoms of physical trauma/sexual abuse, such as bruising in the genital area and other parts of the body, assess the resident for abuse and/or neglect ex. bruises, behavior, weight loss and report to appropriate resources, encourage the resident to seek out staff or assistance if having difficulties with others, ensure the resident stays in a room with a compatible roommate, monitor mood and behaviors and provide early interventions on any changes, observe/assess for changes in normal behavior such as crying, withdrawal, guarding, provide support and encouragement for the resident to express feelings, provide support and ensure the resident is free from abuse.</p> <p>Resident #2 had diagnoses which included vascular dementia, Parkinson's Disease (a progressive neurodegenerative disorder that affects the brain, specifically the nerve cells that produce dopamine) and major depressive disorder.</p> <p>The 6/14/2024 Annual Minimum Data Set documented Resident # 2 had moderate cognitive impairment, was usually understood, had no behaviors, required assistance with dressing, bed mobility and was non-ambulatory (unable to walk).</p> <p>The 7/24/2024 Comprehensive Care Plan for Resident #2 titled Risk for Potential Verbal/Physical/Sexual Abuse documented the resident would not experience any form of abuse. Assess the resident for signs and symptoms of abuse and was updated on 1/5/2025 to include staff to visually monitor the resident.</p> <p>The 9/20/2024 Nurse Progress Note documented Resident #1 was in the hallway near the nurses' station and was observed touching the delicate area and rubbing the arm and back of a female resident that was passing by.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior and protect other residents after the 9/20/2024 incident.</p> <p>The 11/11/2024 Comprehensive Care Plan for Resident #1 titled Risk to be Victimized Secondary to Impaired Judgement/Confusion/Dementia and Cerebral Infarction included keep the resident within viewing distance for observation as much as possible in activities, day room and nursing station, monitor for change in mood or behavior triggered by environmental factors i.e. noise, crowds, other residents with behavioral symptom, etc., monitor wellbeing without environmental restrictions, redirect and re-focus attention, offer alternatives i.e. small groups, comfort foods, manipulative tasks or engage the resident in 1:1 as necessary.</p> <p>The 12/12/2024 Annual Minimum Data Set, documented Resident #1 had moderate cognitive impairment, no behaviors and was ambulatory (able to walk).</p> <p>The 12/23/2024 Nurse Progress Note documented Resident # 1 was observed standing outside a resident's room watching the residents inside and would get close. This note did not further document any details about Resident #1's behaviors or identify the other residents.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior or to protect other residents after the 12/23/2024 observation.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>The 1/5/2025 at 3:52 PM Nurse Progress Note written by Registered Nurse Unit Manager/Supervisor #5 documented at about 1:30 PM, Resident #1 was found with their head between Resident #2's legs. No obvious injuries were noted. The Physician and Administration were notified. Residents #1 and #2 were to be transferred to the emergency room for evaluation.</p> <p>The 1/5/25 Accident Investigation Report written by the Director of Nursing documented the residents were immediately separated, Resident #1 was placed on 1:1 watch, and Resident #2 was sent to the emergency room for evaluation. It further documented the residents would be separated; one would be moved to a different unit. The incident was reported to law enforcement on 1/5/2025, law enforcement arrived at 5:42 PM.</p> <p>There was no documented evidence that Resident #1 and Resident #2 were transferred to the hospital for evaluation.</p> <p>The 1/5/2025 Accident Investigation Report Statement written by Certified Nurse Aide #1 documented that at 1:30 PM, Resident #1 was half naked on top of Resident #2 with their mouth in Resident #2's genital area.</p> <p>The 1/5/2025 Accident Investigation Report Statement written by Registered Nurse Unit Manager/Supervisor #5 documented they observed Resident #1 at Resident #2's bedside putting their pants on, and they overheard Resident #2 tell Resident #1 to come tomorrow. Registered Nurse Unit Manager/Supervisor #5 further documented Resident #2 was in no acute distress.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address their behavior after the 1/5/2025 incident.</p> <p>The 1/7/2025 Social Work Note written by the Director of Social Services documented Resident #1 had a room change.</p> <p>The 1/9/2025 Investigative Summary 5-day Report completed by the Assistant Director of Nursing at that time documented Resident #1 would be monitored closely and redirected as needed, additional recreation activity for both residents, (Resident #1 and Resident #2) staff reeducation to report immediately any inappropriate behavior. The investigative summary conclusion documented Resident #1 was placed on 1:1 monitoring from 1/5/2025 to 1/7/2025 until a bed was available on another unit.</p> <p>There was no documented evidence Resident #1 was placed on 1:1 monitoring from 1/5/2025-1/7/2025.</p> <p>During an interview on 5/12/2025 at 12:29 PM, Certified Nurse Aide #2 stated that on 1/5/2025 they observed Resident #1 on top of Resident #2. After the incident Resident #1 was moved to the 6th Floor. Four (4) days later, Resident #1 returned to Resident #2's room but Certified Nurse Aide #2 stopped the resident and told them This is not your room, go back upstairs. They stated they escorted Resident #1 to the elevator and informed a nurse on Resident #2's unit.</p> <p>There was no documented evidence this incident was documented in either of the Resident's progress notes.</p> <p>The 1/27/2025 Nurse Progress Note documented Resident #1 tried to grab staff buttocks and the Nurse Manager was made aware.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior after the 1/27/2025 incident.</p> <p>During an interview on 5/14/2025 at 12:50PM, Licensed Practical Nurse #9 reviewed the note they wrote on 12/23/2024 that documented Resident #1 was observed standing in front of the door of other residents and got close. Licensed Practical Nurse #9 stated Resident #1 liked to roam around because there are female residents. These behaviors were reported to the supervisor. They further stated the supervisor told them to monitor the resident, but they did not indicate who or how the residents should be monitored.</p> <p>During an interview on 5/12/2025 at 2:53 PM, Certified Nurse Aide #1 stated they were assigned to Resident #1 on 1/5/2025. They stated around 1:30 PM, they went room to room looking for Resident #1 and found Resident #1 in Resident #2's bedroom. Resident #1 was on top of Resident #2. Resident #1 had their pants down with their face on Resident #2's private part. Certified Nurse Aide #2 stated Resident #2 was lying in bed, they looked comfortable, and did not say a word. They stated they asked Resident #1 what they were doing, and Resident #1 said something in Spanish to Resident #2 and got up. Certified Nurse Aide #1 stated Resident #2 was holding on to Resident #1 and both residents spoke in Spanish. Certified Nurse Aide #1 stated they came out of the room and called the supervisor. They stated they could not recall the name of the supervisor. They stated the supervisor escorted Resident #1 out of the room. They stated they had never seen both residents together. They stated Resident #2 hardly came out of bed or their room. Certified Nurse Aide #1 stated they were very surprised the incident happened.</p> <p>During a phone interview on 5/13/2025 at 10:31 AM, the former Assistant Director of Nursing stated they remembered the 1/5/2025 incident. They stated the Director of Nursing was the one who gave instruction to send both residents to the hospital. They stated the two (2) residents should have been assessed and transferred to the hospital. They stated the supervisor is responsible for updating care plans as per facility protocol. They stated they could not recall if the care plan was updated or if they checked the care plan. They stated there should have been a care plan when it happened.</p> <p>During an interview on 5/13/2025 at 10:57 AM, Licensed Practical Nurse #3 stated they were called to the room of Resident #2. They stated they saw Resident #1 in the room with their pants off. Resident #2 was exposed with no bottoms on. They stated they saw Resident #1 was on top of Resident #2. Both residents were talking in Spanish and laughing. They stated they told Resident #1 to get up and Resident #1 got up and put their pants back on. They stated the supervisor came in the room. Licensed Practical Nurse #3 stated they saw Resident #1 again, walking in the hallway, but they did not go back to Resident #2's room.</p> <p>During an interview on 5/15/2025 at 9:41 AM, Registered Nurse Unit Manager/Supervisor #5 stated on 1/5/2025 after being alerted by Certified Nurse Aide #1, they went to the room of Resident #2 and found Resident #1 in the room. They observed Resident #2 telling Resident #1 manana (tomorrow in Spanish). Resident #1 pulled their pants on. Resident #2 was not sent to the hospital. Resident #1 was not arrested. They further stated the facility protocol is to call the doctor.</p> <p>During an interview on 5/15/2025 at 12:57 PM, the Medical Director stated they generally recommend hospitalization of residents if there is resident to resident allegation of abuse. They were unable to provide a reason why both residents were not transferred to the hospital.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> | <p>During an interview on 5/20/2025 at 9:58 AM ,Registered Nurse #4 stated when they arrived at the nursing home on 1/5/2025, they saw the police. They stated the police went to the room of Resident #2 and interviewed the resident. Police told Registered Nurse #4, Resident #2 said they and Resident #1 are both married that Resident #1 did not do anything wrong. They stated as per the police, there was no need for Resident #1 to go to the hospital. Registered Nurse #4 stated they told the police the residents are not married. Registered Nurse #4 stated they could not remember if they told the Director of Nursing what the police said to them.</p> <p>During an interview on 5/20/2025 at 10:53 AM, the facility Administrator stated they were notified of the incident involving Resident #1 and Resident #2 on 1/5/2025 by the Director of Nursing at the time of the incident. The protocol is to separate residents, call the physician and if there was resident to resident contact, transfer the residents to the hospital. The Administrator stated they did not know that the residents were not transferred to the hospital.</p> <p>10 NYCRR 415.4(b)(1)(i)</p> <p>Based on the following, immediacy was removed on 5/22/2025 at 6:00 PM</p> <p>1.</p> <p>The facility provided staff training sign-in sheets indicating 99% of Nursing staff were trained in Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Residents property. Elderly Justice Act. Abuse care plans.</p> <p>2.</p> <p>Resident #1 and Resident #2 were observed in their rooms and on their units. Resident #1 had staff assigned on 1:1 monitoring.</p> <p>3.</p> <p>Interviews were conducted with the staff on the 1:1's and they were trained as well as four (4) other random staff to ensure they were recently trained on Abuse.</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on record review and interviews conducted during an Abbreviated survey (NY00367662), the facility did not ensure an alleged violation involving abuse was reported to the New York State Department of Health within 2 hours of occurrence. This was evident for 1 of 3 residents (Resident #1) reviewed for abuse. Specifically, on 1/5/2025 at 1:30 PM, Resident #1 was found in bed with Resident #2 who was severely cognitively impaired Resident #1 was half naked on top of Resident #2 with their mouth on Resident #2's genital area. Administration was made aware of this event on 1/5/2025 at 1:43PM. The facility did not report the incident to the New York State Department of Health until 1/5/2025 at 4:10PM.</p> <p>The Findings are:</p> <p>The Facility's Abuse policy revised 5/2024 documented that the resident has the right to be free from verbal, sexual, physical and mental abuse. The facility promotes any effort to prevent abuse. The facility will report any Incident and/or violation where Abuse, Neglect, mistreatment, or misappropriation of property is suspected to the New York State Department of Health according to protocol.</p> <p>Resident #1 was admitted from an acute care facility with diagnoses of Cerebral Infarction, Vascular Dementia and Diabetes had moderate cognitive impairment and was ambulatory.</p> <p>The Annual MDS (Minimum Data Set, an assessment and screening tool) dated 12/12/2024 documented that Resident #1 had moderate cognitive impairment, was ambulatory, walked 150 feet with no mobility device.</p> <p>Resident #2 was admitted with diagnoses of vascular dementia, Parkinson's disease and major depressive disorder.</p> <p>The Quarterly Minimum Data Set (an assessment and screening tool) dated 12/09/2024 documented Resident # 2 had severe cognitive impairment, required assistance with dressing, bed mobility and did not walk.</p> <p>The 1/5/2025 at 3:52 PM nursing progress note written by Registered Nurse Unit Manager #5 documented in Resident #2s medical record at about 1:30 PM Resident #1 was found with their head between Resident #2's legs. No obvious injuries were noted. Resident #2 told Resident #1 to come tomorrow. Physician and Administration were notified. To go to the emergency room for evaluation.</p> <p>In the 1/5/25 facility incident report completed by former Director of Nursing the investigation statement dated 01/05/25 written by Certified Nurse Aide #1 documented that at 1:30PM, Resident #1 was half naked on top of Resident #2 with mouth down in Resident #2's vagina. The investigation statement dated 1/5/25 written by Registered Nurse Unit Manager/Supervisor #5 documented they observed Resident #1 at Resident #2's bedside putting their pants on. Registered Nurse Unit Manager/Supervisor #5 documented they overheard Resident #2 tell Resident #1 to come tomorrow. Registered Nurse Unit Manager/supervisor #5 further documented in their statement that Resident #2 was in no acute distress and action taken to prevent recurrence was to monitor every 30 minutes.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>In a review of the 1/5/25 facility incident report it documented that residents were immediately separated, Resident #1 was placed on 1:1 watch, and Resident #2 was sent to the emergency room for evaluation. It further documented that the residents will be separated, one will be moved to a different unit. The incident was reported to law enforcement on 1/5/2025, law enforcement arrived at 5:42 PM.</p> <p>Interview conducted on 5/13/25 at 10:31AM with former Assistant Director of Nursing, they stated that the Former Director of Nursing called them regarding the incident between Resident #1 and Resident #2. The Former Director of Nursing told them that they had no access to a computer, and they are aware to report the incident to Department of Health in 2 hours. They further stated that it was a weekend, and they were not at work, so they called the nursing supervisor to get information. They are unable to recall the exact time of the incident but remembered reporting it online.</p> <p>Interview conducted on 5/19/2025 at 8:49AM with the former Director of Nursing, they stated that they remembered calling the former Assistant Director of Nursing on a Sunday because they had no access to a computer as they were at church. They are aware of the 2 hours reporting to Department of Health, so they called the former Assistant Director of Nursing to report the incident online. They further stated that they reviewed the incident when they came to work on Monday the following day. They only knew on Monday that both residents were not transferred to the hospital.</p> <p>10NYCRR 415.4(b)(2)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews conducted during the abbreviated survey (NY00367662) it was determined for 1 of 3 residents reviewed for abuse (Resident #1), the facility did not ensure a sexual abuse was thoroughly investigated and ensure residents safety during the investigation. Specifically, Resident #1 was found half naked on top of Resident #2 with their mouth on Resident #2's genital area. The facility did not conduct a thorough investigation, did not assess both residents and did not send both residents to the hospital for medical evaluation.</p> <p>Findings include:</p> <p>The facility's Abuse policy revised on 5/2024 documented that the resident has the right to be free from verbal, sexual, physical and mental abuse. The facility promotes any effort to prevent abuse.</p> <p>The facility's policy titled Accident and Incidents - Investigating and Reporting revised on 05/2024 documented all accidents or incidents involving residents shall be investigated and reported to the Administrator. A head-to-toe assessment shall be included on the incident/accident form.</p> <p>Resident #1 was admitted from an acute care facility with diagnoses of Cerebral Infarction, Vascular Dementia and Diabetes had moderate cognitive impairment and was ambulatory.</p> <p>The Annual MDS (Minimum Data Set, an assessment and screening tool) dated 12/12/2024 documented that Resident #1 had moderate cognitive impairment, was ambulatory, walked 150 feet with no mobility device.</p> <p>The comprehensive care plan initiated on 12/28/23 documented that Resident #1 has impaired cognitive function/dementia or impaired thought processes related to dementia, long term memory loss. 12/28/2023 interventions included ask yes/no questions to determine the resident's needs, cue, reorient and supervise as needed.</p> <p>The comprehensive care plan for Resident #1 initiated on 7/27/2024 at risk for potential for verbal/physical/sexual abuse secondary to cerebral infarction goal will not experience any form of abuse. Interventions dated 7/27/2024 included assess for signs and symptoms of physical trauma/sexual abuse such as bruising in the genital area and other body parts of the body, assess resident for s/s of abuse and/or neglect ex. bruises, behavior, weight loss and report to appropriate resources, encourage resident to seek out staff or assistance if having difficulties with others, ensure resident stays in room with compatible roommate, monitor mood and behaviors and provide early interventions on any changes, observe/assess for changes in normal behavior such as crying, withdrawal, guarding, provide support and encouragement for resident to express feelings, provide support and ensure resident is free from abuse.</p> <p>Resident #2 was admitted with diagnoses of Vascular Dementia, Parkinson's disease and Major Depressive Disorder.</p> <p>The Quarterly Minimum Data Set (an assessment and screening tool) dated 12/09/2024 documented Resident # 2 had severe cognitive impairment, required assistance with dressing, bed mobility and did not walk.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>The nursing progress note on 1/5/2025 at 3PM documented resident was found @ about 1:30PM with Resident #1 with his head between Resident #2's legs. No obvious injuries noted. Resident #2 told Resident #1 as they were being led out manana to come tomorrow Physician and Administration notified. To go to the emergency room for evaluation. Vital signs blood pressure 140/80, Pulse rate 72, Respiration rate 16. Temperature 97.9, oxygen saturation 98% on Room Air. In no acute distress.</p> <p>The nursing progress note on 1/5/25 5:42 PM documented Police and Emergency Medical Service (EMS) came, Police [NAME] #848 [NAME] #201, when they interview Resident #2 verbalize, Resident #1 and they are both married; Resident #1 did not do anything wrong. As per Police no need to go to the hospital. Director of Nursing made aware.</p> <p>There was no documented evidence that a head-to-toe assessment was performed for Resident #1 and Resident #2.</p> <p>The 1/5/2025 at 3:52 PM nursing progress note written by Registered Nurse Unit Manager #5 documented at about 1:30 PM Resident #1 was found with their head between Resident #2's legs. No obvious injuries were noted. The Physician and Administration were notified. Resident's #1 and #2 were to be transferred to the emergency room for evaluation.</p> <p>The Facility reported incident dated 1/5/2025 of case NY 00 367662 completed by then Director of Nursing, documented statement of Certified Nurse Aide #1 stated that at 1:30PM, Resident #1 was half naked on top of Resident #2 with mouth down in Resident #2s vagina. The statement of Registered Nurse Unit Manager/Supervisor #5 stated they were alerted by Certified Nurse Aide #1 that they found Resident #1 with their head between Resident #2s legs. Registered Nurse Unit Manager/Supervisor #5 stated they went to the room of Resident #2 to find Resident #1 trying to put their pants on. Resident #2 told Resident #1 as they were being escorted out by Registered Nurse Unit Manager/Supervisor #5 stated come tomorrow. Registered Nurse Unit Manager/supervisor #5 checked resident every 30 minutes for safety. Residents were immediately separated. Resident #1 was placed on 1:1 watch, Resident #2 was sent to emergency room for evaluation. The residents will be separated, one will be moved to a different unit. The incident was reported to law enforcement on 1/5/2025.</p> <p>There was no documented evidence that Resident #1 and Resident #2 were transferred to the hospital for evaluation.</p> <p>The Facility investigative report dated 1/9/2025 of case NY 00367662 completed by then Registered Nurse Assistant Director of Nursing documented Resident #1 will be monitored closely and redirected as needed, additional recreation activity for both residents staff reeducation to report immediately any inappropriate behavior. The investigative summary conclusion documented Resident #1 was placed on 1:1 monitoring until a bed was available on another unit.</p> <p>There was no documented evidence the Resident #1 was placed on 1:1 monitoring from 1/5/2025-1/7/2025.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During a phone Interview conducted on 5/13/2025 at 9:35 AM and 10:32 AM with Registered Nurse Investigator former Assistant Director of Nursing, they stated that the Director of Nursing was the one who gave instruction to send both residents to the hospital. They stated that they reported the incident online to the Department of Health as the Director of Nursing had no access to a computer at that time. They stated that they called the supervisor to get an initial report. Not sure what time the incident happened. They came to work the next day on Monday to review the statements together with Director of Nursing. Stated that when resident was interviewed the following day on Monday the male resident denied the incident happened. The 2 residents should have been assessed. The 2 residents should have been transferred to the hospital.</p> <p>During a phone interview conducted on 5/15/2025 at 12:57PM with the Medical Director, they stated that they will generally recommend hospitalization of residents if there is resident to resident allegation of abuse. They were unable to provide a reason why both residents were not transferred to the hospital</p> <p>During an interview conducted on 5/19/2025 at 11:56 AM with the Director of Nursing, they stated that both residents should have been transferred to the hospital but were not. They stated that the incident was not thoroughly investigated</p> <p>10NYCRR 415.4(b)(1)(ii)</p> | | |

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on record review and interview conducted during abbreviated survey (NY00367662), the facility did not review and revise the comprehensive care plan with measurable objectives, time frames and appropriate interventions for 1 of 3 residents (Resident #1) reviewed for abuse. Specifically, Resident #1 had a history of sexually inappropriate behaviors towards other residents on 9/20/2024 and 12/23/2024 and there was no documented evidence the facility revised care plans or implemented interventions and/or physician orders to prevent the resident from abusing other residents.</p> <p>The findings include:</p> <p>The facility policy titled Comprehensive Care Plan revised on 09/2024 documented an individualized comprehensive care plan that includes measurable objectives and timetables to meet the resident's medical, nursing, mental and psychological needs is developed for each resident. Care plans are revised as changes in the resident's condition dictate. Care plans are reviewed at least quarterly.</p> <p>Resident #1 had diagnoses which included Cerebral Infarction, Vascular Dementia.</p> <p>The 6/18/24 Quarterly Minimum Data Set, (an assessment and screening tool) documented Resident #1 was cognitively intact, had no behaviors and received supervision with ambulation.</p> <p>The 7/27/2024 Comprehensive Care Plan for Resident #1 titled Risk for Potential Verbal/Physical/Sexual Abuse Secondary to Cerebral Infarction included assess for signs and symptoms of physical trauma/sexual abuse, such as bruising in the genital area and other body parts of the body, assess the resident for abuse and/or neglect ex. bruises, behavior, weight loss and report to appropriate resources, encourage the resident to seek out staff or assistance if having difficulties with others, ensure the resident stays in a room with a compatible roommate, monitor mood and behaviors and provide early interventions on any changes, observe/assess for changes in normal behavior such as crying, withdrawal, guarding, provide support and encouragement for the resident to express feelings, provide support and ensure the resident is free from abuse.</p> <p>Resident #2 had diagnoses which included Vascular Dementia, Parkinson's Disease and Major Depressive Disorder.</p> <p>The 6/14/2024 Annual Minimum Data Set documented Resident # 2 had moderate cognitive impairment, was usually understood, had no behaviors, required assistance with dressing, bed mobility and was non ambulatory (unable to walk).</p> <p>The 7/24/2024 Comprehensive Care Plan for Resident #2 titled Risk for Potential Verbal/Physical/Sexual Abuse documented the resident would not experience any form of abuse. Assess the resident for signs and symptoms of abuse and was updated on 1/5/2025 to include staff to visually monitor the resident.</p> <p>The 9/20/2024 Nurse Progress Note documented Resident #1 was in the hallway near the nurses' station and was observed touching the delicate area and rubbing the arm and back of a female resident that was passing by.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior and protect other residents after the 9/20/2024 incident.</p> <p>The 11/11/2024 Comprehensive Care Plan for Resident #1 titled Risk to be Victimized Secondary to Impaired Judgement/Confusion/Dementia and Cerebral Infarction included keep the resident within viewing distance for observation as much as possible in activities, day room & nursing station, monitor for change in mood or behavior triggered by environmental factors i.e. noise, crowds, other residents with behavioral symptom, etc., monitor wellbeing without environmental restrictions, redirect and re-focus attention, offer alternatives i.e. small groups, comfort foods, manipulative tasks or engage the resident in 1:1 as necessary.</p> <p>The 12/12/2024 Annual Minimum Data Set, documented Resident #1 had moderate cognitive impairment no behaviors and was ambulatory (able to walk)</p> <p>The 12/23/2024 Nurse Progress Note documented Resident # 1 was observed standing outside a resident's room watching the residents inside and would get close. This note did not further document any details about Resident #1's behaviors or identify the other Residents.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior or to protect other residents after the 12/23/2024 observation.</p> <p>The 1/5/2025 at 3:52 PM Nurse Progress Note written by Registered Nurse Unit Manager #5 documented at about 1:30 PM Resident #1 was found with their head between Resident #2's legs. No obvious injuries were noted. The Physician and Administration were notified. Resident's #1 and #2 were to be transferred to the emergency room for evaluation.</p> <p>The 1/5/25 Accident Investigation Report written by the Director of Nursing documented the residents were immediately separated, Resident #1 was placed on 1:1 watch, and Resident #2 was sent to the emergency room for evaluation. It further documented the residents would be separated; one would be moved to a different unit. The incident was reported to law enforcement on 1/5/2025.</p> <p>The 1/5/2025 Accident Investigation Report Statement written by Certified Nurse Aide #1 documented that at 1:30PM, Resident #1 was half naked on top of Resident #2 with their mouth down in Resident #2's vagina.</p> <p>The 1/5/2025 Accident Investigation Report Statement written by Registered Nurse Unit Manager/Supervisor #5 documented they observed Resident #1 at Resident #2's bedside putting their pants on, and they overheard Resident #2 tell Resident #1 to come tomorrow. Registered Nurse Unit Manager/supervisor #5 further documented Resident #2 was in no acute distress.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior after the 1/5/2025 incident.</p> <p>During interview on 5/12/2025 at 12:29 PM Certified Nurse Aide #2 stated they observed Resident #1 on top of Resident #2. After the incident Resident #1 was moved to the 6th floor. 4 days later, Resident #1 returned to Resident #2's room but Certified Nurse Aide #2 stopped them and told them this is not your room, go back upstairs. They stated they escorted Resident #1 to the elevator, they stated they informed a nurse on the unit.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335515 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 05/28/2025 |
| NAME OF PROVIDER OR SUPPLIER Yonkers Gardens Center for Nursing and Rehab | | STREET ADDRESS, CITY, STATE, ZIP CODE 115 South Broadway Yonkers, NY 10701 | |
| 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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>This incident was not documented in either of the Resident's progress notes. There was also nothing noted in a care plan to address any need for monitoring Resident #1 to ensure they did not return again.</p> <p>The 1/27/2025 Nurse Progress Note documented Resident #1 tried to grab staff buttocks and the Nurse Manager was made aware.</p> <p>There was no documented evidence Resident #1's care plan was updated with interventions to address Resident #1's behavior after the 1/27/25 incident.</p> <p>During interview on 5/14/25 at 12:50PM Licensed Practical Nurse #9 reviewed the note they wrote on 12/23/24 that documented that resident was observed going into the front door of other residents and got close. Licensed Practical Nurse #9 stated Resident #1 liked to roam around because there are female residents. These behaviors were reported to the supervisor. They further stated the Supervisor told them to monitor the resident, but they did not indicate who or how the residents should be monitored. There was no documented evidence that this behavior was being addressed in a care plan with interventions.</p> <p>During an interview on 5/13/25 at 12:02 PM the Assistant Director of Nursing stated that they are also the Nursing Educator. They stated that they give in-service monthly and annually. The supervisor or unit manager is responsible for updating the care plan, and they will review if care plans are done or revised for accident/incident, change in resident conditions such as accidents or incidents. The Registered Nurses and Licensed Practical Nurses do not update the care plan.</p> <p>During interview on 5/19/2025 at 11:56 AM the Director of Nursing stated that the Nurse managers and Supervisors are responsible in updating the care plan when there are changes in resident conditions. The Director of Nursing stated that the care plan for Resident #1 was not updated with new interventions to address their inappropriate sexual behavior.</p> <p>10NYCRR415.11(c)(2)</p> | | |