| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 335525 | A. Building<br>B. Wing | 04/14/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Riverside Center for Rehabilitation and Nursing | 90 No Main Street<br>Castleton on Hudson, NY 12033 |

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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.<br><br>Based on observation and interviews conducted during the survey, the facility failed to provide food and drink that were palatable, attractive, and at a safe and appetizing temperature. Specifically, for three (4) of the three (4) meals reviewed (Breakfast meal 04/09/2026 and two (2) Lunch meals) on 04/06/2026 and 4/10/2026. Specifically, food and drinks were not served at a palatable and appetizing temperature or taste. Findings Include: Facility policy titled Resident Meal Service, reviewed 04/2026, documented the facility would provide each resident with nourishing, palatable, and attractive meals. Residents who refuse meals were to be offered an alternative meal off the facility alternative meal list. Residents were to be provided with a variety of food and liquid items. Meal tickets were to be checked for accuracy prior to serving residents. Observation: During a meal sampling on 04/06/2026 at 12:28 PM, a sample of three (3) plates were observed from the South unit dining room steam table. The lunch service was observed, and the results were as follows: The cauliflower appeared dry, no gravy or seasonings were offered. Plate one (1) was missing the pork gravy and the penne with marinara, plate two (2), mechanical soft diet, was missing the soft salad and pudding, and plate three (3) was missing the cauliflower and tossed salad. During a meal tray sampling on 04/09/2026 at 9:21 AM, Resident #50's breakfast tray was tested, and a replacement tray was provided. The breakfast tray was tested for taste and temperature, and the results were as follows: Condiments were missing from tray. Milk 62.6 degrees Fahrenheit, Juice 64.4 degrees Fahrenheit, Bacon 108.9 degrees Fahrenheit, and Pancakes 112.5 degrees Fahrenheit. During a meal tray sampling on 04/10/2026 at 12:36 PM, Resident #50's lunch tray was tested, and a replacement tray was provided. The lunch tray was tested for taste and temperature, and the results were as follows: Condiments were missing from tray. Coffee 119.8 degrees Fahrenheit, Milk 59.7 degrees Fahrenheit, Juice 57.2 degrees Fahrenheit, [NAME] Pasta Bake 167 degrees Fahrenheit with bland unappetizing taste, Squash 129 degrees Fahrenheit, and Applesauce 60 degrees Fahrenheit with bland unidentifiable taste. ^ Interviews: During an interview on 04/06/2026 at 10:34 AM, Resident #50 stated they were served cold tatter tots and soup for dinner the night before. They had asked for their food to be heated and were told it could not be heated. They stated they then asked for a sandwich, when they received the sandwich, they could not decide what it was therefore they did not eat it. During an interview on 04/06/2026 at 10:52 AM, Resident #34 stated the food was not good. They did not regularly eat the food from the facility. They did not get what they ordered and the quantity of food they received was small. During a subsequent interview on 04/10/2026 at 8:30 AM, Resident #34 stated they did not get dinner the night before. They were served tacos and beans, when they were supposed to get a cheeseburger. They could not have spicy foods.^ They stated they had asked for a different meal, which they never received.^ During an interview on 04/06/2026 at 11:15 PM, Resident #76 stated the food was not good and portions sizes were small. They stated they had received a full plate of rice for dinner at one time. They generally asked for sandwiches for most of their meals because the food the facility served was always cold and tasted bad. During the Resident Council interview on 04/07/2026 at 2:00 PM, it was stated that the food was not good. They felt the food choices they received where choices most people would not want, such as a frequent offering of lima beans. Vegetables and fruit were never fresh, always frozen or canned. The food was not severed at<br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0804<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | the right temperature and meal tickets were not accurate to what was received on the plates or trays. During an interview on 04/09/2026 at 2:40 PM, Regional Operational Director #1 stated they were currently hiring dietary staff including a new cook for the facility. They were working with current staff to ensure the residents received meals that matched their meal tickets. During a subsequent interview on 04/14/2026 at 10:08 AM, they stated they had implemented a new refrigeration process of storing drinks for residents after they were prepared for the mealtime and before they were served to the residents. During an interview on 04/10/2026 at 1:00 PM, Licensed Practical Nurse #2 stated residents complained about the food in the facility. The food lacked taste and was served in small portions. 10 New York Code of Rules and Regulations 483.60(d)(1)-(2) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation and interviews conducted during the survey,ˆthe facilityˆfailed toˆstore, prepare, distribute, and serve foodˆinˆaccordanceˆwithˆprofessional standards.ˆSpecifically,ˆunwrapped or containedˆpork was thawed in still waterˆthat contained carrotsˆfloating on the water surface,ˆitems were stored in theˆrefrigeratorsˆwithout being labeled or dated with an open or preparation date,ˆbeveragesˆwere prepared and placed in walk inˆfreezer for cooling,ˆand personal food was stored theˆsmallˆslide open topˆfreezer.ˆ ˆ Findings Include:ˆˆ FacilityˆPolicyˆtitled CCS Food StorageˆCriteriaˆ(undated) documentedˆStorageˆGuidelines. Refrigerator storageˆdocumented items were to be labeled and unlabeled items were to be discarded.ˆFreezer storage was for long termˆstorage and not for cooling foods.ˆAll food items were toˆbe checkedˆfor the Use byˆorˆ best beforeˆdate, and that date was toˆbeˆhonored even if the items did not appear to be spoiled.ˆˆ ˆ During aˆtour of the facility kitchenˆon 04/06/2026 atˆ10:05ˆAM, the following was observed:Aˆsmallˆbagˆofˆmixedˆfrozenˆfruitˆwasˆunlabeledˆin the small slide open topˆfreezerˆin the kitchen prep areaˆnext to the prep sink. The dry storage areaˆcontainedˆ12 loaves of bread with a discard date of 04/05/2026 and six (6) packages of rolls with a discard date of 03/29/2026.ˆThe walk-in refrigeratorˆcontainedˆTwoˆ(2)ˆpreparedˆsaladsˆcontainingˆcooked eggs,ˆa package of preˆslicedˆcheese,ˆand a package ofˆlunchmeat wrapped in plasticˆwrapˆonˆa shelf thatˆwasˆnot labeledˆwith open or discard date. Thereˆwereˆopenedˆmayonnaiseˆandˆrelishˆcontainersˆthat wereˆnotˆlabeledˆwith anˆopen orˆdiscard date. In theˆsmall refrigeratorˆlocatedˆin the kitchen there wereˆpreparedˆfruit cupsˆand puddings that were unlabeled. There was one (1) tray ofˆroom temperatureˆunlabeledˆprepared applesauce cupsˆin the prep area of the kitchen.ˆDuring an observation on 04/06/2026 at 10:29 AM, in theˆkitchen prep sink, thereˆwasˆfree floating solidˆporkˆapproximatelyˆone 1ˆinch thickˆinˆaˆlarge metal bowlˆnoted to beˆthawingˆin standing water,ˆdicedˆcarrotsˆwereˆnoted to be floating inˆtheˆwaterˆandˆporkˆwasˆnot secured inˆaˆbagˆor packaging.During anˆobservationˆ04/07/2026 at 11:40ˆAM,ˆaˆtrayˆprepared beveragesˆin cupsˆwere in the walk-in freezer.ˆ During anˆobservationˆon 04/14/2026 at 10:08ˆAM,ˆa loafˆof breadˆwasˆon aˆshelvingˆunit in theˆkitchen prepˆarea andˆhad a discard date of 04/05/2026.ˆˆ During an interview on 04/06/2026 atˆ10:20ˆAM, Regional Operational Director #1ˆstatedˆthe Food ServiceˆDirectorˆ#2ˆhad resigned from their position prior to the state agency entranceˆand had discussed with them theˆappropriate wayˆtoˆthawˆmeat products. During an interview on 04/06/2026 at 10:05ˆAM,ˆFoodˆService Director #1ˆstatedˆtheyˆwereˆdoubling asˆaˆcookˆbecause thereˆwereˆonly three (3) staff members on.ˆAll beverages andˆsnacks that were in the refrigerators were prepared earlier that day and they did not have a chance to label them.ˆThe applesauce in the kitchen prep area wasˆalso prepared that day for theˆnurse'sˆmedication passes, they had not had a chance to label them either.ˆTheyˆidentifiedˆthe small bag of frozen fruitˆlocatedˆin the smallˆopen top freezer as anˆemployee's who sometimes places their food in there. Theyˆstatedˆthey reminded the employeeˆfrequentlyˆthat they could not place personal food in the kitchenˆfreezers.ˆTheyˆstatedˆtheir delivery arrived that morning, the pork was the alternative meal, and they had toˆthawˆthe porkˆso it could be cooked andˆservedˆforˆlunchtime.ˆDuring aˆsubsequentˆinterview on 04/07/2026ˆatˆ11:40 AM, theyˆstatedˆthe beverages in the freezer were being kept cold for the lunch meal.ˆ During an interview on 04/06/2026 atˆ10:20ˆAM, Regional Operational Director #1ˆstatedˆthey were currently hiring dietary staff including a cook for the facility. Theyˆstatedˆallˆprepared food items should be labeled with aˆdate,ˆandˆtheyˆwould discard any items that were not.ˆˆTheyˆstatedˆopen containers of condiments in the refrigerator should be labeled with an open date and discarded after five (5)ˆdays of opening.ˆFor breadˆproducts, theyˆlabeledˆthemˆwith a discardˆdate,ˆtheˆitems<br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | should be discardedˆon that date, however there was also a best buy date on the original packaging thatˆthey sometimes used.ˆˆ 10 New York Code of Rules and Regulationsˆ483.60(i)(1)-(2)ˆˆ |

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| F 0641<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure each resident receives an accurate assessment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based onˆresident observation,ˆrecord reviews andˆstaffˆinterviews during the survey, the facilityˆfailed toˆensure that theˆaccuracy of the Minimum Data Setˆdataˆsubmittedˆfor one resident.ˆˆThe Minimum Data Setˆassessmentˆdid notˆaccuratelyˆreflectˆtheˆresidents'ˆconditionsˆfor one (1) ofˆ19ˆresidents reviewed.ˆˆSpecifically,ˆResidentˆ#11ˆdiagnosed withˆContractures,ˆdocumented on theˆQuarterly Minimum Data Setˆdated 3/11/2026 noˆimpairment toˆtheˆupper orˆlowerˆextremities.ˆThis resulted in misrepresentation of theˆresident'sˆstatus during the assessment period.ˆˆ ˆ Findings include:ˆˆˆ Resident #11 was admitted to the facility on [DATE] with a diagnosisˆContractureˆ(theˆabnormal,ˆoftenˆpermanentˆshorteningˆandˆstiffeningˆofˆmuscles,ˆtendons,ˆskin,ˆo Wrist Contracture and Contracture of Muscle multiple sites.ˆˆ ˆ TheˆActivities of Daily Living/Mobilityˆ Comprehensive Care Plan datedˆ7/07/2026 documented the residentˆwasˆdependentˆandˆrequiredˆa Hoyer Lift for transfers, Splint/brace.ˆˆ ˆ During an observation onˆ04/10/2026 9:05 AMˆResidentˆ#11ˆwasˆobservedˆlying in bed supine, withˆtheir head of the bedˆelevated, leaning toward the wall.ˆTheir left hand was drawn up near their chest with their wrist arcing downward.ˆˆˆ ˆ The History andˆPhysicalˆdatedˆ11/07/2025 documentedˆResident #11 withˆleft sidedˆHemiplegiaˆ(paralysis of one side of the body).ˆˆ ˆ The PhysicalˆTherapyˆEvaluationˆand Plan of Treatment datedˆ2/26/2026 documentedˆHistory/Complexities ofˆLeftˆHemiparesisˆ(partial weaknessˆon one side of the body)/ˆHemiplegia,ˆpriorˆtreatment on contracture management and positioning.ˆˆThe Musculoskeletal System Assessment documented rightˆandˆleft lowerˆextremityˆrange of motion impaired.ˆˆFunctional Limitations Present due to Contracture. Clinical Impressionsˆincludedˆ Left Hemiplegia,ˆContractures of left lower extremity.ˆ ˆ The Occupational TherapyˆEvaluationˆand Plan of Treatment datedˆ3/4/2026 decreasedˆrange of motionˆand contractures.ˆˆ ˆˆ The Quarterly Minimum Data Set, dated [DATE] documented under section GG: No Impairment to Upper Extremity, No Impairment to Lower Extremity.ˆ ˆˆ Interview:ˆˆ During an interview on 4/10/2026 at 2:50 PM,ˆLicensed Practical Nurse #2ˆstatedˆResident #ˆ11's ˆcontracture started in theˆhospitalˆandˆtheyˆcontinued to contractˆat the facility.ˆˆˆ ˆ During anˆinterviewˆon 4/13/2026 at 3:41 PM,ˆDirector of Rehabilitationˆ#ˆ1ˆ statedˆResidentˆ#11ˆcame in with the beginning contracture elbow,ˆwristˆand hand. It was already contracted.ˆResident #11 came in November of 2025 and went back to the hospital for a month.ˆThe resident has a splint for the left hand and wrist that wasˆto be worn as tolerated, the staff should have been putting it on Resident #11ˆevery day.ˆˆˆ ˆˆ During a telephone interview on 4/14/2026 at 11:06 AM, Minimum Data Set Coordinator #1ˆstatedˆtheyˆcompleted theˆMinimum Data Setˆquarterlyˆdated 3/11/2026ˆforˆResidentˆ#11.ˆTheyˆlooked over theˆNursing Progress Notes, Comprehensive Care PlanˆandˆTherapy notesˆandˆthisˆisˆhowˆtheyˆobtainedˆtheˆinformationˆfor the Minimum Data Set.ˆ If there was a discrepancyˆtheyˆwould reachˆout toˆthe facility directly.ˆˆTheyˆstatedˆtheyˆshouldˆhaveˆutilizedˆthe contractureˆon theˆMinimum Dataˆ Setˆandˆtheyˆcould see inˆResident #11'sˆrecordˆthat the resident had a contractureˆon the left wrist fromˆFebruaryˆ2026ˆacute visit progress note.ˆˆ ˆ 10 New York Codes, Rules, and Regulationsˆ415.11ˆ |

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| F 0645<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few<br><br>Note: The nursing home is disputing this citation. | PASARR screening for Mental disorders or Intellectual Disabilities<br><br>Number of residents sampled: 19Number of residents cited: 1 Based on record reviews and interviews, the facilityˆfailed toˆobtain a Level II evaluation recommended by the Pre-admission Screening and Resident Review.ˆˆSpecifically, for Resident #55, a Level II evaluation was not obtained in the presence of significant mental illness.ˆ Findings include:ˆ Resident #55ˆ The policy and procedure titled Pre-admission Screening and Resident Review (PASARR, revised 04/2026,ˆstatedˆa positive Level I screenˆrequiredˆanˆadditionalˆevaluation of the individual by the state designated authority, the Level II review must be completed prior to admission to the facility.ˆ Resident #55 was admitted to the facility with diagnoses of bipolar disorder (a chronic mental health condition characterized by extreme mood swings, alternating between intense highs and lows causing significant disruption to daily life), chronic hepatitis (persistent liver inflammation lasting longer than six months), and urinary tract infection (a bacterial infection of the urinary system). The Minimum Data Set (an assessment tool), dated 3/26/2026, documented the resident was understood, could understand others, and was moderately cognitively impaired.ˆˆ The Pre-admission Screening and Resident Review, dated 2/29/2024, recommended a Level II evaluation through positive (yes) answers to the following questions:ˆ Question 23: Does this person have a serious mental illness?ˆˆ Question 33: A: Level II mental illness evaluation by a designated mental health review entity.ˆ There were no Level II evaluations completed for this resident.ˆ During an interview on 4/14/2026 at 10:15 AM, Director ofˆSocial Services #1ˆstatedˆthey had made a mistake andˆhadn'tˆread the Pre-admission Screening and Resident Review to the end of the document, where a Level II evaluation had been recommended.ˆ 10 New York Codes, Rules, and Regulationsˆ415.11(e)ˆ ˆ ˆ |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>Based onˆobservations,ˆrecord reviews and interviews during survey, the facilityˆfailed toˆdevelop and implement person-centered comprehensive care plans for residentsˆin accordance withˆprofessional standards for two (2) (Residents #3 and #34) of 19 residents reviewed for comprehensive care plans.ˆSpecifically, there was no comprehensive care plan to address Resident #3's dementia diagnosis and, separately, to address Resident #34's use of aˆContinuous Positive Airway Pressureˆmachine. Findings include:ˆ The policy and procedure titled Care Planning, revised 4/2026,ˆstatedˆthe comprehensive care plan should describe the resident's medical, nursing, physical, mental, and psychologicalˆneedsˆand preferences and how the facility willˆassistˆin meeting these needs and preferences. ˆˆ Resident #3ˆ Resident #3 was admitted to the facility with the diagnoses of sepsisˆ(a life-threatening medical emergency caused by an improper, extreme bodily response to infection, leading to potential organ damage, shock, and death), vascular dementiaˆ(a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, damaging tissue)ˆwith other behavioral disturbanceˆ(dementia-related problem behaviors often stemming fromˆunmetˆneeds, pain, or condition including agitation, aggression, wandering, repetition, suspicion, and social withdrawal), and chronic pain syndromeˆ(a condition where pain lasts longer than 3-6 months, often persisting beyond the expected healing time and accompanied by psychological issues like depression, anxiety, and insomnia). The Minimum Data Set (an assessment tool) dated 3/4/2026 documented the resident usually understood others, was sometimes understood by others, and was severely cognitively impaired.ˆˆ A review of the comprehensive care plans for Resident #3 documented there was no comprehensive care plan to address the resident's dementia diagnosis.ˆ During an interview onˆ04/10/2026ˆatˆ11:00 AM,ˆDirector of Nursing #1ˆstatedˆthere should be a care plan for dementia.ˆ ˆ During an interview on 04/10/2026 atˆ11:09ˆAM, Assistant Director of Nursing #1ˆstatedˆthere should be care plans for any issues with a residentˆand aˆdementia resident should have had a care plan addressing the issue.ˆˆ Resident #34ˆ Resident #34 was admitted to the facility with diagnoses of hypertensionˆ(a chronic condition where blood flows through arteries at a consistently high pressureˆdamaging vessels over time), chronic obstructive pulmonary diseaseˆ(a progressive, incurable lung disease that blocks airflow, making it hard to breathe),ˆand obstructive sleep apneaˆ(a common, serious disorder where the throat muscles relax, causing repeated airway collapse and breathing pauses during sleep).ˆ The Minimum Data Set,ˆdated 11/05/2025,ˆdocumented theˆresident wasˆunderstood, could understand others, and was cognitively intact.ˆˆ During an observation on 04/06/2026 at 10:52 AM, aˆContinuous Positive Airway Pressureˆ(CPAP) machine wasˆobservedˆat the resident's bedside.ˆ ˆ During an observation on 04/10/2026 at 9:19 AM, aˆContinuous Positive Airway Pressureˆmachine wasˆobservedˆat the resident's bedside.ˆ The History andˆPhysicalˆdated 11/07/2025 documented the diagnosis of obstructive sleep apnea and encouraged the resident to continue the use ofˆContinuous Positive Airway Pressureˆmachine.ˆˆIt documented theˆresidentˆmay experience/aggravate their headaches if not used.ˆ The comprehensive care plan titled Risk for Compromised Respiratory Status, dated 11/05/2025, did not include the use of aˆContinuous Positive Airway Pressureˆmachine.ˆˆ During an interview on 04/10/2026 at 11:09 AM, Assistant Director of Nursing #1ˆstatedˆthere should have been care plans for any issues with a resident.ˆ 10 New York Codes, Rules, and Regulationsˆ415.11(c)(1) Based onˆobservations,ˆrecord reviews and interviews, the facilityˆfailed toˆdevelop and implement person-centered comprehensive care plans for residentsˆin accordance withˆprofessional standards for two (2) (Residents #3 and #34) of 19 residents reviewed for comprehensive care plans.ˆ Findings include:ˆ The policy and procedure titled Care Planning, revised 4/2026,ˆstatedˆthe comprehensive care plan should describe the resident's medical, nursing, physical, mental, and psychologicalˆneedsˆand preferences and how the facility willˆassistˆin<br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | meeting these needs and preferences. ^^ Resident #3^ Resident #3 was admitted to the facility with the diagnoses of sepsis^(a life-threatening medical emergency caused by an improper, extreme bodily response to infection, leading to potential organ damage, shock, and death), vascular dementia^(a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, damaging tissue)^with other behavioral disturbance^(dementia-related problem behaviors often stemming from^unmet^needs, pain, or condition including agitation, aggression, wandering, repetition, suspicion, and social withdrawal), and chronic pain syndrome^(a condition where pain lasts longer than 3-6 months, often persisting beyond the expected healing time and accompanied by psychological issues like depression, anxiety, and insomnia). The Minimum Data Set (an assessment tool) dated 3/4/2026 documented the resident usually understood others, was sometimes understood by others, and was severely cognitively impaired.^^ A review of the comprehensive care plans for Resident #3 documented there was no comprehensive care plan to address the resident's dementia diagnosis.^ During an interview on^04/10/2026^at^11:00 AM,^Director of Nursing #1^stated^there should be a care plan for dementia.^ ^ During an interview on 04/10/2026 at^11:09^AM, Assistant Director of Nursing #1^stated^there should be care plans for any issues with a resident^and a^dementia resident should have a care plan addressing the issue.^^ Resident #34^ Resident #34 was admitted to the facility with diagnoses of hypertension^(a chronic condition where blood flows through arteries at a consistently high pressure^damaging vessels over time), chronic obstructive pulmonary disease^(a progressive, incurable lung disease that blocks airflow, making it hard to breathe),^and obstructive sleep apnea^(a common, serious disorder where the throat muscles relax, causing repeated airway collapse and breathing pauses during sleep).^ The Minimum Data Set,^dated 11/05/2025,^documented the^resident was^understood, could understand others, and was cognitively intact.^^ During an observation on 04/06/2026 at 10:52 AM, a^Continuous Positive Airway Pressure^(CPAP) machine was^observed^at the resident's bedside.^ ^ During an observation on 04/10/2026 at 9:19 AM, a^Continuous Positive Airway Pressure^machine was^observed^at the resident's bedside.^ The History and^Physical^dated 11/07/2025 documented the diagnosis of obstructive sleep apnea and encouraged the resident to continue the use of^Continuous Positive Airway Pressure^machine.^^It documented the^resident^may experience/aggravate their headaches if not used.^ The comprehensive care plan titled Risk for Compromised Respiratory Status, dated 11/05/2025, did not include the use of a^Continuous Positive Airway Pressure^machine.^^ During an interview on 04/10/2026 at 11:09 AM, Assistant Director of Nursing #1^stated^there should be care plans for any issues with a resident.^ 10 New York Codes, Rules, and Regulations^415.11(c)(1)^ |

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| | 335525 | A. Building<br>B. Wing | 04/14/2026 |

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| Riverside Center for Rehabilitation and Nursing | 90 No Main Street<br>Castleton on Hudson, NY 12033 |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident?s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based onˆobservation,ˆrecord review andˆinterview duringˆtheˆsurvey, the facilityˆfailed toˆensureˆthat a residentˆreceivedˆnecessaryˆtreatment and careˆin accordance withˆprofessional standards of practiceˆfor one (1) ofˆ19ˆresidents reviewed forˆquality of care.ˆˆSpecifically,ˆResident #11 had aˆphysician-orderedˆsplintˆforˆtheir left wrist and hand. Onˆ4/10/2026ˆatˆ9:05 AM and 12:15 PM,ˆResidentˆ#11ˆwasˆobservedˆwithout the splint.ˆThisˆplacedˆtheˆresidentˆat risk for decline in physical functioning.ˆˆ ˆ Findingˆis:ˆ Resident #11 was admitted to the facility with a diagnoses includingˆnontraumaticˆintracerebralˆhemorrhage inˆhemisphere (spontaneous bleeding within the brain tissue, often leading to significant neurological deficits),ˆstiffness of other specified joint,ˆmuscleˆweakness,ˆand leftˆwristˆcontracture andˆcontracture of Muscle multiple sitesˆ(the abnormal, often permanent shortening and stiffening of muscles, tendons, skin, or other soft tissues, leading to restricted joint movement and potential deformity).ˆThe Minimum Data Set (an assessment tool) datedˆ12/02/2025 documented [NAME] cognitive impairment.ˆˆ ˆTheˆActivities of Daily Living/Mobilityˆ Comprehensive Care Plan datedˆ04/08/2026 documentedˆActivities of Dailyˆ Living/ Mobility Interventions including Splint/Brace- Refer toˆPhysicians Orderˆfor details: Left Resting Hand Splint as tolerated.ˆˆThe residentˆwasˆdependentˆfor transfersˆandˆrequiredˆa Hoyer Lift for transfers.ˆˆˆ ˆ During an observation onˆ04/10/2026 9:05 AMˆResidentˆ#11ˆwasˆobservedˆlying in bedˆon their back, withˆtheˆhead of the bedˆelevated, leaning toward the wall.ˆTheirˆleft hand was drawn up nearˆtheirˆchest withˆtheˆwrist arcing downward.ˆˆResidentˆ#11ˆwas not wearing a splint toˆtheˆleft wrist,ˆhandˆor arm.ˆˆ ˆ During anˆobservationˆonˆ04/10/2026 12:15 PM Residentˆ#11ˆwasˆobservedˆsitting bedside inˆtheirˆpositioningˆchair, alertˆandˆnon-verbal.ˆ Theˆresident'sˆleft hand wasˆobservedˆwithout a hand splint.ˆˆ ˆ The Physicians Order datedˆ03/27/2026 documentedˆan order for a leftˆrestingˆhandˆsplintˆtoˆbe appliedˆevery day duringˆthe dayˆshiftˆas tolerated. ˆ Theˆ Certified Nursing Assistant Accountability dated 04/06/2026-ˆ04/13/2026 lacked documentationˆof aˆleft had splintˆbeingˆapplied.ˆˆ ˆ The Occupational Therapyˆ Evaluationˆand Plan of Treatment datedˆ03/4/2026ˆdocumentedˆtheˆresident presented with left upper extremity pain, increasedˆtone, decreasedˆrange of motionˆand contractures.ˆCurrentˆorthoticˆdevice to beˆdetermined.ˆˆ ˆ During an interview onˆ04/10/2026 at 2:40ˆPM, Certifiedˆ Nursing Assistant #8ˆstatedˆtheyˆwere assignedˆto Residentˆ#11.ˆˆTheyˆstatedˆthe residentˆwas inˆso much pain when they wereˆgettingˆmechanically movedˆout ofˆbedˆin theˆmorning,ˆtheyˆdid not want to hurtˆthe residentˆmore by applying the splint.ˆCertified Nursing Assistant #ˆ8ˆstatedˆthat theyˆdid not report to the nurseˆthatˆtheyˆdid not putˆtheˆresidents'ˆsplint on.ˆ ˆ During an interview onˆ04/10/2026 at 2:45 PM, Licensed Practical Nurseˆ#ˆ6ˆstatedˆthey were assigned to Resident #11 and wereˆnotˆnotified by any staff that Resident # 11 needed their splintˆapplied.ˆˆTheyˆstatedˆtheyˆhadˆtried to put it on the resident in the past, and if they could not getˆthe hand splintˆon,ˆtheyˆwould notifyˆtherapy.ˆˆ ˆ During anˆinterviewˆonˆ04/13/2026 at 3:41 PM,ˆDirector of Rehabilitationˆ#ˆ1ˆstatedˆResidentˆ#11ˆwas notˆcurrently receiving therapy and hadˆa splint for the left hand and wrist that wasˆto be worn as tolerated. They further stated staff should be putting it on Resident #11ˆevery day. 10 New York Codes, Rules, and Regulationsˆ415.12ˆ |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and interviews during the survey, the facility failed to ensure residents received adequate supervision for one (1) (Resident #16) of eight (8) residents reviewed. Specifically, Resident #16 was assessed to have a high risk for falls, severely impaired cognition, and a history of falls. Resident #16 was care planned to be in a supervised area when out of her room. This resident was left unattended in a day room and fell on [DATE].Findings include:Resident #16 was admitted to the facility with a diagnosis of unspecified dementia with other behavioral disturbance (a form of cognitive decline where the specific type of dementia is not identified, accompanied by behavioral and psychological symptoms that affect daily functioning), Vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, damaging tissue). The Minimum Data Set (an assessment tool) dated 03/23/2026 documented that the resident usually understood others, was sometimes understood by others, and was severely cognitively impaired.Care Plan dated 09/09/2022 documented the resident was at risk for falls, had a history of falls, and poor safety awareness. Interventions included to keep the resident in a supervised area when out of bed, in the hallway.During an observation on 04/06/2026 at approximately 10:30 AM, a resident was yelling for help in the day room, a loud noise was heard, and Resident #16 was lying on the floor face down, in front of their wheelchair. No staff were around. The surveyor yelled for assistance. Licensed Practical Nurse #1 came to the room, then left to get assistance. Registered Nurse #1 came to assess the resident. Certified Nurse Aide #1 came into the day room with the Hoyer lift. Registered Nurse #1 assessed resident #16, Physician Assistant #1 came into the room, assisted Registered Nurse #1 with assessing the resident, then staff started to move the resident off the floor.Resident #16 was taken to their room and placed in bed.During an interview on 04/06/2026 at 11:20 AM, Registered Nurse #1 said Resident #16 needed to be in the front day room.During an interview on 04/06/2026 at 11:25 AM, Licensed Practical Nurse #1 stated the resident was usually in the front day room or in the hallway near the nurses' station.During an interview on 04/13/2026 at 9:12 AM, Certified Nurse Aide #1 stated a supervised area would be in front of the nursing station or in the first common room.During an interview on 04/13/2026 at 9:13 AM, Certified Nurse Aide #3 stated a supervised area would be in front of the nursing station.During an interview on 04/13/2026 at 9:16 AM, Certified Nurse Aide #4 stated a supervised area would be the dining room, activities, nursing station, anywhere staff were or would walk by.10 New York Codes, Rules and Regulations 483.25(d)(2) |

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| F 0690<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.<br><br>Based onˆobservation,ˆinterview and record review duringˆtheˆsurvey, the facilityˆfailed to provide appropriate treatment and services for a clinically justified indwelling urinary catheter, provide adequate oversight and maintain proper infection control practices for one (1) ofˆ2ˆresidents (Resident # 26). Specifically, Resident #26 was observed on 04/10/2026 at 8:32 AM with a urinary drainage bag on the floor and not utilizing a leg bag as indicated, staff interviews revealed the staff considered the resident independent in changing the leg bag. This deficient practice placed the resident at increased risk for contamination and infection.ˆ ˆ Findings Include:ˆ The Catheter Care Policy and Procedure last reviewed date 4/2026 documented the procedure for Catheter Care and the responsible disciplines as the Certified Nursing Assistant, Licensed Practical Nurse and Registered Nurse. The Changing Urinary Drainage Bag Policy dated 10/2002, last reviewed 04/2026; documented changing of the urinary drainage bags/leg bags is performed by licensed nursing personnel only and is performed appropriately to prevent complications caused by the presence of an indwelling urethral catheter. The steps to the procedure were outlined in the policy including; cleanse connection site between catheter and drainage tubing with alcohol wipe prior to opening system, placing the drainage bag into a clean plastic bag for storage. Resident #26 was admitted to the facility with a diagnosisˆof Parkinson's Disease (progressive neurological disorderˆthat primarily affects movement), Vascular Dementia (a type of cognitive decline caused by reduced or blocked blood flow to the brain) moderate with psychotic disturbances, Flaccid Neuropathic Bladder (type of bladder dysfunction caused by nerve damage). The Minimum Data Set (an assessment tool) datedˆ02/21/2026 documented the resident was cognitively intact and required Partial/Moderate assistance for toileting hygiene and personal hygiene, and was independent with sit to stand, chair/bed transfer, and requires set up or clean-up assistance with toilet transfer.ˆ Resident # 26 was observed on 04/10/2026 at 8:32 AM in the dining room sitting in a wheelchair. The resident was noted with a urinary catheter tubing coming out the left pant leg with a urinary collection bag attached (covered) lying on the floor.ˆ The tubing was observed to have cloudy contents. Upon observation of the area there was no place to hang the bag.ˆ This 04/10/2026 at 8:32 AM observation continued. At 8:48 AM, Licensed Practical Nurse #2 asked the Resident #26 if they had the leg bag on. Resident #26 stated yes, they thought they did. The Physician's Order dated 09/06/2025 documented an order for a Foley Catheter, change to leg bag when out of bed, foley catheter to bedside bag every day on days and evenings shifts. The Bladder Alteration Comprehensive Care Plan dated 12/31/2024 documented the resident would perform their own care of changing their foley bag to leg bag changes. The Comprehensive Care Plan noted the resident did not ring for assistance. The active Certified Nurse Aide Care Plan documented the resident had a catheter and a leg bag in AM. During an interview on 04/10/2026 at 9:00 AM, Certified Nurse Aide #8 stated they work 7:00 AM - 3:00 PM and they were assigned to the resident for the day, however they did not see the resident yet today.ˆThey stated Resident # 26 wore a leg bag on day shift and could put it on themself.ˆ They further stated they did not assist with Resident #26's catheter today. During an interview on 04/10/2026 at 8:50 AM, Certified Nurse Aide #7 stated they had cared for Resident # 26 in the past.ˆ They stated the resident was pretty much independent and like to do their own foley.ˆ If the resident asked for help, they would help them.ˆ During an interview on 04/13/2026 at 1:00 PM, Assistant Director of Nursing #1 stated the resident should not be changing their catheter drainage bag to the leg beg on their own and they would follow up on this.ˆ During an interview on 04/13/2026 at 3:20 PM, Director of Nursing #1 stated they preferred staff to apply the residents' leg bag. The staff should not expect the resident to change it themselves. The residents do not apply their own leg bags for infection control reasons, and it could put them at risk of urinary tract infections if not done properly. 10 New York Codes, Rules, and Regulationsˆ415.12 (d) (1) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>Based onˆobservation,ˆrecord review, andˆinterviewsˆduringˆ the survey, the facilityˆfailed toˆensureˆappropriate respiratoryˆcare and servicesˆwere providedˆfor 1ofˆ2ˆresidentsˆ(Resident #ˆ34)ˆreviewed forˆRespiratoryˆCare.ˆˆSpecifically,ˆResident # 34ˆhad a diagnosis of Obstructive Sleep Apneaˆ(a sleep disorder characterized by repeated interruptions in breathing during sleep) andˆrequired the use of aˆContinuous Positive Airway Pressure (CPAP)ˆmachineˆ(a deviceˆthatˆdeliversˆaˆconstantˆstreamˆofˆpressurizedˆairˆtoˆkeepˆtheˆairwaysˆopenˆduringˆsleep,ˆusedˆtoˆtrea medical record had no documented evidence of aˆnecessaryˆphysician's ˆorderˆ and had no documented evidence of an implemented care plan to address theˆresident'sˆneed for CPAPˆtherapy andˆequipment maintenance.ˆˆInterview of theˆResident andˆStaffˆrevealed theˆresident did not receiveˆassistanceˆwith required equipment maintenanceˆ, resulting in the resident going without use of theˆdevice forˆapproximatelyˆtwo (2) weeks, placing the resident at risk of complications related to untreated sleep apnea.ˆˆ ˆ Findings Include:ˆ ˆ TheˆContinuous Positive Airway Pressure (CPAP)/Bi-PAP Policy and Procedure datedˆ07/1999 and last revised 4/2026 documented the purpose of the policy was to provide specific guidelines for safe set-up and use of theˆContinuous Positive Airway Pressure (CPAP).ˆˆResidentsˆwhoˆrequireˆthe use ofˆContinuous Positive Airway Pressure (CPAP)ˆmachineˆwill have the mask applied and the machine cleaned according to manufacturer guidelinesˆto prevent respiratory complications.ˆRegular cleaning of the machine will be performed to decrease the risk of respiratory illness.ˆThe procedure includedˆtoˆobtainˆa physician's order.ˆ Resident #ˆ34ˆwas admitted to the facility withˆdiagnosesˆofˆObstructive Sleep Apneaˆ(a sleep disorderˆcharacterized by repeatedˆinterruptionsˆin breathingˆduring sleep),ˆChronic Obstructive Pulmonary Diseaseˆ(lung disease causing restricted airflow and breathing problems),ˆChronic Pulmonaryˆ Embolismˆ(bloodˆclotsˆpersistˆinˆtheˆpulmonaryˆarteries), and Migraine (neurological disorder withˆintenseˆheadache).ˆˆThe Minimum Data Set (Resident Assessment Tool) datedˆ02/26/2026ˆdocumented that theˆresident was cognitively intact.ˆˆˆ ˆ During an observation onˆ04/06/2026, resident'sˆbedside stand wasˆobservedˆwithˆContinuous Positive Airway Pressureˆ(CPAP)ˆon it, tubing, and mask lying open.ˆDuring an interview at this time, theˆResidentˆreportedˆtheyˆrequiredˆassistanceˆturning it on.ˆ During an observation onˆ04/10/2026 at 8:30 AM, Residentˆ# 34ˆwasˆobservedˆawake, alert and orientatedˆlyingˆin bed.ˆˆA Continuous Positive Airway Pressure (CPAP)ˆmachineˆwasˆobservedˆon the bedside stand with tubing and mask open to air.ˆ ˆTheˆResidentˆstatedˆtheyˆneededˆto cleanˆit, and theyˆhadˆtoˆtakeˆtheˆmachineˆintoˆthe bathroom and wash it. Theyˆhadˆnot used it inˆtwoˆ(2) weeks becauseˆitˆneededˆtoˆbeˆcleaned.ˆˆ ˆ ˆ The Physicians Orders were reviewed and lacked a physician's order forˆContinuous Positive Airway Pressure (CPAP)ˆand settings.ˆˆˆ ˆ The History and Physical dated 11/07/2025 documented a diagnoses Obstructive Sleep Apnea,ˆthe residentˆis encouraged to continueˆtheˆContinuous Positive Airway Pressure (CPAP), because not using this machine may aggravate her headaches.ˆˆ ˆ The Risk for Compromisedˆ Respiratoryˆ Status Care Planˆdated 11/05/2025 documented monitoring of respiratoryˆstatus and lacked documented evidence ofˆContinuous Positive Airway Pressure (CPAP)ˆintervention.ˆ ˆ During an interview on 04/10/2026 at 11:15 AM,ˆLicensed Practical Nurseˆ#6ˆstatedˆthey were assigned to the resident, who had aˆContinuous Positive Airway Pressure (CPAP)ˆbedside.ˆThey further stated that they did not do anything with the machine because it was theˆresidents'ˆownˆmachine.ˆ Licensed Practical Nurse #6 lookedˆatˆtheˆcomputerˆthenˆstatedˆtheyˆdid not administer itˆbecauseˆthere was no physician's order for it. ˆˆ During an interview on 04/10/2026 at 11:25 AM,ˆLicensed Practical Nurse #2 they did notˆknowˆResident #34 had aˆContinuous Positive Airway Pressure (CPAP)ˆthat theˆresident or staff never said a word about it.ˆLicensed Practical Nurse #2ˆstatedˆthere was not a physician's orderˆforˆtheˆContinuousˆPositive Airway Pressureˆ(CPAP)ˆbut there shouldˆbe.ˆˆˆ ˆˆ During an interview on 04/10/2026 at 11:35 AM, Medical Doctor #1ˆstatedˆResident # 34ˆhadˆa<br>(continued on next page) |

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| F 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | diagnosisˆof morbid obesity andˆsleep apnea.ˆˆTheyˆstatedˆifˆtheˆresidents wereˆusingˆContinuous Positive Airway Pressure (CPAP)ˆatˆhome,ˆitˆwas likely to continue usageˆat the facility.ˆTheyˆstatedˆthey wrote aˆnote in the medical record on 11/05/2025 that indicated theˆresidentˆshould continue usingˆtheˆContinuousˆPositive Airway Pressure (CPAP)ˆwhile at the facilityˆand if the resident hadˆnot been using theˆContinuous Positive Airway Pressure (CPAP)ˆforˆtwoˆ(2) weeks,ˆtheyˆmayˆnotˆget a restfulˆsleep andˆfeel more tired.ˆˆThey further stated Resident # 34ˆalso had a history of headachesˆandˆmayˆalso experience more headachesˆif not using theˆContinuous Positive Airway Pressure (CPAP).ˆˆThe Medical Doctor #1ˆstatedˆtheyˆwereˆnot aware theˆresidentˆhad not been using theˆContinuous Positive Airway Pressure (CPAP)ˆfor two (2) weeks.ˆˆ During an interview on 4/13/2026ˆat 3:25 PM, Director of Nursing #1 stated the nurse or theˆCertified Nursing AssistantˆwasˆresponsibleˆforˆcleaningˆtheˆContinuous Positive Airway Pressure (CPAP).ˆˆ 10 New York Codes, Rules, and Regulationsˆ415.12ˆ(k) (6)ˆ |

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
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| F 0760<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are free from significant medication errors.<br><br>Number of residents sampled: 5Number of residents cited: 1The policy and procedure titled Physician Orders, revised 12/2025, stated orders for medications must include Name and strength of the drug,Number of doses, start and stop date, and/or specific duration of therapy;Dosage and frequency of administration;Clinical condition or symptoms for which the medication is prescribed;Any interim follow-up requirements.The policy and procedure titled Medication Administration, revised 12/2025, stated medications must be administered in accordance with the order. Resident #3 was admitted to the facility with the diagnoses of sepsis (a life-threatening medical emergency caused by an improper, extreme bodily response to infection, leading to potential organ damage, shock, and death), vascular dementia (a decline in thinking skills caused by conditions that block or reduce blood flow to the brain, damaging tissue) with other behavioral disturbance (dementia-related problem behaviors often stemming from unmet needs, pain, or condition including agitation, aggression, wandering, repetition, suspicion, and social withdrawal), and chronic pain syndrome (a condition where pain lasts longer than three to six 3-6 months, often persisting beyond the expected healing time and accompanied by psychological issues like depression, anxiety, and insomnia). The Minimum Data Set (an assessment tool) dated 3/04/2026 documented the resident usually understood others, was sometimes understood by others, and was severely cognitively impaired. The Physician's Order dated 11/20/2025 documented oxycodone HCl tablet 10 milligrams one (1) tablet by mouth as needed, pain from November 18 as needed limit one time (once) for chronic pain syndrome.ˆ The December 2025 Medication Administration Record documented oxycodone HCl 10 milligrams was administered as needed on 12/02/2025 at 4:26 AM, 12/03/2025 at 2:15 AM, 12/04/2025 at 1:27 AM, 12/09/2025 at 6:33 AM, 12/12/2025 at 10:13 PM, and 12/26/2025 at 11:00 AM. The January 2026 Medication Administration Record documented oxycodone HCl 10 milligrams was administered as needed on 01/06/2026 at 2:22 AM, 01/12/2026 at 4:14 AM, 01/16/2026 at 6:37 AM, 01/20/2026 at 4:32 PM, and 01/24/2026 4:56 AM.ˆ The February 2026 Medication Administration Record documented oxycodone HCl 10 milligrams was administered as needed on 2/01/2026 at 12:39 am and 5:00 PM, 2/.07/2026 at 3:30 AM, 2/14/2026 at 3:25 AM, 2/16/2026 at 4:00 AM, and 2/23/2026 at 5:20 PM. The March 2026 Medication Administration Record documented oxycodone HCl 10 milligrams was administered on 03/01/2026 at 10:55 AM, 03/07/2026 at 2:36 AM, 03/09/2026 at 2:38 AM, 03/14/2026 at 2:30 AM, 03/15/2026 at 2:21 AM, 03/18/2026 at 2:11 AM, 03/22/2026 at 10:57 AM, 03/25/2026 at 1:49 AM, 03/27/2026 at 11:09 AM, 03/28/2026 at 2:23 AM, 03/29/2026 2:48 AM, and 03/30/2026 at 4:12 AM.ˆ The April 2026 Medication Administration Record documented oxycodone HCl 10 milligrams was administered as needed on 04/01/2026 at 3:00 AM, 04/06/2026 at 2:54 AM, 04/08/2026 at 2:14 AM. During an interview on 04/10/2026 at 11:00 AM, Director of Nursing #1 stated this was a medication error and they did not know why the order was not put in with a stop date or why the error was not caught. During an interview on 04/13/2026 at 9:20 AM, Licensed Practical Nurse #1 stated they were told verbally that the order was once a day as needed for pain.ˆ They stated they did not read the entered order closely.ˆ They stated there was no system in place to check new orders for accuracy.ˆ During an interview on 04/13/2026 at 1:00 PM, Assistant Director of Nursing #1 stated when a new order was put into the system, it required a co-signer: another nurse to check the order for accuracy. 10 New York Codes, Rules, and Regulations 415.12(m)(2) |