

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335574	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2026
NAME OF PROVIDER OR SUPPLIER Greene Meadows Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 161 Jefferson Heights Catskill, NY 12414	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. Based on record review and interviews during a survey, the facility failed to ensure each resident was free from misappropriation of resident property and exploitation for one (Resident #1) of three residents reviewed. Specifically, an agency contracted staff person took Resident #1's driver's license, social security card, and bank debit card from their phone case and used the debit card to make purchases from the facility vending machine and a local store. Findings include: Resident #1 was admitted to the facility with diagnoses of cellulitis (a common, potentially serious bacterial infection of the skin and the deep underlying of right lower limb, osteoarthritis, and atrial fibrillation. The Minimum Data Set (an assessment tool) dated 9/26/2023, documented the resident could be understood, could understand others and had intact cognition for decisions of daily living. The facility's Abuse Prevention and Investigation Policy last reviewed 8/2025 documented the facility prohibits the mistreatment, neglect, and abuse of residents and misappropriation/exploitation of resident property by anyone including staff, family, and visitors. The facility's Incident Statement Form dated 9/26/2023 documented Resident #1 reported to staff that their spouse called to tell them the bank reported fraudulent charges to the bank debit card were made. The Resident reported their bank debit card, social security card, and driver's license were missing from their phone case. In a signed statement from Administrator #2 dated 9/26/2023 documented that Resident #1's spouse called to report they had been alerted to purchases made with the Resident's credit card from a vending machine located in the facility. There was video footage to support the purchases at the transaction times reported. The undated facility document titled Quality Assurance Investigational Summary documented the resident reported missing items from their phone case and fraudulent charges being made to the missing bank card. [NAME] County State Troopers responded and viewed the video footage showing the accused accessing the vending machine in the facility at the time of the reported fraudulent charges being made to the resident's card. The conclusion of the investigation was the resident had been subjected to mistreatment. The resident's social security card, driver's license, and debit card were taken from their phone case during the night. As a result, this has caused the resident psychological distress. During an interview on 6/04/2026 at 11:30 AM, facility Administrator #1 stated the accused staff was only employed for 1 day through an agency. The incident was reported to the agency and local police department. During an interview on 6/04/2026 at 1:00 PM, Director of Nursing #1 stated they were out sick when this incident took place and, in their absence, the Assistant Director of Nursing oversaw the investigation and submissions to the Department of Health. Past Non-compliance -F602 Based on the following corrective action taken, there was sufficient evidence that the facility corrected the noncompliance and was in substantial compliance with this specific regulatory requirement at the time of this survey: The incident was reported appropriately to the State Survey Agency, accused staff's employment agency, and local law enforcement. A thorough investigation was completed, which resulted in the suspect being identified and terminated. It was determined there were no other victims of misappropriation by staff. Education was provided on 10/28/2023 to all facility staff on abuse, abuse reporting, misappropriation of property, and exploitation. At the time of survey, there were no additional incidents of misappropriated personal property identified since this incident. 10 New York Codes, Rules, and Regulations: 415.4(b)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 335574	Facility ID: 335574 If continuation sheet Page 1 of 2

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Based on observation, interview, and record review conducted during a survey, the facility failed to ensure a report of the results of all investigations to the administrator or their designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken for one (Resident #1) of three residents reviewed. Specifically, the facility reported to The Department of Health a suspected misappropriation of Resident #1's personal property by facility staff on 9/26/2023. The results of the investigation and corrective actions were not submitted. Findings include: An undated facility document titled Facility Reported Incidents Follow-up Investigation Instructions documented, within 5 business days of the incident, the facility must provide in its report sufficient information to describe the results of the investigation, and indicate any corrective actions taken if the allegation was verified. Resident #1 Resident #1 was admitted to the facility with diagnoses of cellulitis (a common, potentially serious bacterial infection of the skin and the deep underlying tissue) of right lower limb, osteoarthritis, and atrial fibrillation (an irregular heart rhythm). The Minimum Data Set (an assessment tool) dated 9/26/2023, documented the resident could be understood, could understand others and had intact cognition for decisions of daily living. A Nursing Home Facility Incident Report documented submission on 9/26/2023 at 11:02 AM. The allegation type was misappropriation of resident property. Specifically, an agency contracted staff person allegedly took Resident #1's driver's license, social security card, and bank debit card from their phone case and used the debit card to make purchases from the facility vending machine and a local store. There was no documented evidence that the facility reported the results of the investigations to the State Survey Agency, and if the alleged violation was verified appropriate corrective action was taken. During an interview on 6/04/2026 at 1:00 PM, Director of Nursing #1 stated they were out sick when this incident took place and, in their absence, the Assistant Director of Nursing oversaw the investigation and submissions to the Department of Health. The investigation should have been submitted within 5 working days. During an interview on 6/05/2026 at 12:15 PM, Administrator #1 stated they did not have any documentation of the investigation being submitted to the Department of Health. The previous Administrator completed the investigation and should have submitted it within five days of the incident. 10 New York Codes, Rules, and Regulations 415.4(b)(2)		