STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335586	A. Building B. Wing	04/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Alpine Rehabilitation and Nursing Center	755 E Monroe Street Little Falls, NY 13365

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Based on observations, record review, and interviews (iQIES intake 2809584), the facility failed to ensure residents received treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the resident's choices for two (2) of two (2) residents (Residents #13 and #48) reviewed. Specifically, Resident #13 did not have a significant bowel movement from 07/25/2025-08/08/2025 and there was no documented evidence bowel interventions were consistently provided, the resident's gastrointestinal status was assessed, or the physician was notified; and Resident #48 had position changing alarms initiated, impacting the resident's freedom of movement, without trialing other interventions first. Findings include: The facility policy Certified Nurse Aide Documentation & Usual Performance, revised 01/01/2026, documented the certified nurse aides must document care at the time it was provided and the specific care offered per the care plan must be objectively and completely documented.The facility policy Managing Falls and Fall Risk, revised 05/2025, documented if falling recurred despite initial interventions, staff would implement additional or different interventions, or indicate why the current approach remained relevant. Position-change alarms would not be used as the primary or sole intervention to prevent falls and would be monitored for efficacy. The facility policy Personal Care: Toileting, revised 10/12/2029, documented residents would be toileted according to the individualized plan of care to promote continence and maintain the resident's highest level of function and maintain dignity. Additionally, the date and time the resident was assisted to the bathroom would be recorded.The facility policy Restraints, revised 09/2025, documented the facility would only consider utilizing a restraint when all other reasonable options had been exhausted and the resident's medical condition warranted their use; position changing alarms were not considered a restraint unless it caused agitation, interfered with the resident's sleep pattern, or caused the resident to be afraid to move; any device that prevented a resident from freely and easily arising out of a chair or bed was considered a restraint; and any device that met the definition of a physical restraint must have a physician order, a care plan and a process in place for systematic and gradual restraint reduction and physician identification and record of the specific medical symptom that supported the use of the restraint.The facility policy Bowel Management, revised 11/2025, documented each resident would have at least one (1) bowel movement every three (3) days unless the practitioner documented a clinically appropriate alternative goal; every resident would have daily monitoring of their bowel movement documentation and days since their last bowel movement; and four (4) or more days without a bowel movement was a red flag and required immediate nurse assessment and practitioner notification. 1) Resident #13 had diagnoses including schizophrenia (a serious mental health condition), morbid obesity, and intestinal bypass. The 09/30/2025 Minimum Data Set assessment documented the resident had moderately impaired cognition, was incontinent of bowel, and required moderate assistance for most activities of daily living. There was no documented evidence the resident's Comprehensive Care Plan included reference to the resident's bowel function. The Bowel and Bladder Elimination Report documented from 07/25/2025 through 07/28/2025 the resident did not have a bowel movement (four days).The 07/27/2025 Nurse Practitioner #10 progress note documented the resident had multiple loose stools and was now constipated after Clostridium difficile (continued on next page)

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/03/2026 at 12:05PM, the Director of Nursing stated the effectiveness of fall prevention interventions was based on the number of falls. Position changing alarms and low beds were not considered a restraint, did not require an order or a related physician documented medical condition. Their use should be discussed with the family and resident and documented as such. The resident's feeling about the alarms should trump everything else. For residents at high risk for falls, alarms were used without trying other interventions first. If a resident was turning off their alarms and still falling, then those alarms were not effective and would likely be discontinued. They expected residents to be toileted in accordance with the comprehensive care plan and staff documented each time the resident was toileted. 10 New York Code Rules and Regulation 415.12 (k)(1)