STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335687	A. Building B. Wing	04/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Salem Hills Rehabilitation and Nursing Center	539 Route 22 Purdys, NY 10578

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observations, record review, and interviews conducted during the recertification survey from 04/21/ 2026 to 04/28/2026, the facility did not ensure each resident who was unable to carry out activities of daily living received the necessary care and services to maintain good personal hygiene for one (1) of seven (7) residents (Resident #25) reviewed for activities of daily living. Specifically, Resident #25, required dependent assistance with activities of daily living was observed sitting in a wet soiled diaper.Findings include:The facility policy Activities of Daily Living, last reviewed on 11/ 07/ 2023, documented residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.Resident # 25 had diagnoses including Parkinson's disease with dyskinesia, cerebral infarction and functional quadriplegia.The quarterly Minimum Data Set (an assessment tool) dated 04/08/2026 documented the resident had impaired cognition, was frequently incontinent of bowel and bladder and was dependent on staff for toileting hygiene.The comprehensive care plan Activities of Daily Living dated 04/08/23 documented Resident #25 required extensive assistance of 2 staff members for toileting.During an observation on 04/21/2026 at 11:30 AM, Resident # 25 was sitting in their wheelchair in the dining room. During an observation on 04/ 21/ 2026 at 3:49 PM, Resident #25 was sitting in the same exact spot as the previous observation.During an interview on 04/ 21/ 2026 at 3:49 PM, Certified Nurse Aide #12 stated they were going to change the resident after dinner. At the surveyor's prompting, Certified Nurse Aide #12 took Resident # 25 to their room and checked the resident for incontinence. At 4:06 PM Certified Nurse Aide #12 stated that the resident's brief was wet and contained a bowel movement.During an interview on 04/24/2026 at 2:40 PM, Certified Nurse Aide #11 stated they were assigned to Resident #25 on 04/21/2026 and got them out of bed between 9:30 AM and 10:00 AM. They stated that the resident was in the day room for most of the day. They stated that they asked Resident #25 if they needed to use the bathroom before taking their lunch break and stated that the resident declined toileting at around 1:30 PM. Certified Nurse Aide #11 stated that they did not remember if they checked the resident after returning from their lunch break. They stated that they usually checked residents two to three times every shift and that sometimes Resident #25 was alert and able to request toileting and other days they were too confused to request toileting.During an interview on 04/ 28/ 2026 at 11:46 AM Registered Nurse #13 stated that all the residents should be toileted every two hours. They stated that the residents who were alert would tell staff when they need to be changed. They stated that residents who were not alert would be checked by a certified nurse aide by bringing them to their room to make sure that their briefs were not soiled. Registered Nurse #13 stated they did rounds to make sure residents were being changed by checking the resident's brief and helping residents who needed to be toileted. They stated that Resident#25 usually was toileted after lunch and checked throughout the day.During an interview on 04/ 28/ 2026 at 12:31 PM Registered Nurse Unit Manager #2 stated that all residents should be toileted every two hours and as needed. They stated they could tell when residents needed to be changed by checking their briefs in the shower room, sensing an odor or if the resident appeared restless. They stated that there were residents who could verbalize if they need to be changed. Registered Nurse Unit Manager #2 stated that they did not feel it was inappropriate to ask a cognitively impaired resident about (continued on next page)

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

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	toileting; however, if they refused, staff should always follow up and take them to a private area to check their brief. 415.12(a)(3)