

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335756	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2026
NAME OF PROVIDER OR SUPPLIER Smithtown Center for Rehabilitation & Nursing Care		STREET ADDRESS, CITY, STATE, ZIP CODE 391 North Country Road Smithtown, NY 11787	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review and interviews during an abbreviated survey (Intake ID: 2682221) initiated on 01/21/2026, the facility did not ensure that the designated representative was notified when the need to discontinue a treatment was identified. This was identified for one (1) resident (Resident #3) of three (3) residents reviewed for Notification of Change. Specifically, Resident #3's two half siderails were removed without notification to designated representative as required. Based on observation, record review and interviews during an abbreviated survey (Intake ID: 2682221) initiated on 01/21/2026, the facility did not ensure that the designated representative was notified when the need to discontinue a treatment was identified. This was identified for one (1) resident (Resident #3) of three (3) residents reviewed for Notification of Change. Specifically, Resident #3's two half siderails were removed without notification to designated representative as required. The finding is: The facility's Policy and Procedure titled, Physician Orders with a revision date of January 2025 documented the resident and/or designated representative will be updated of any medication/treatment changes. Resident #3 had diagnoses that included Dementia, Alzheimer's disease, and lack of coordination. Resident #3's minimum data set assessment dated [DATE] documented Resident #3 had a Brief Interview of mental status score of four (4) indicating a severe cognitive impairment, did not utilize a bed rails, required supervision or touching assistance for bed mobility, and set up assistance for chair/bed-to-chair transfer. A Physician's Order dated 09/06/2025 documented Resident #3 was to utilize two (2) 1/2 side rails for bed mobility. Resident #3's Comprehensive Care Plan titled Activities of Daily Living initiated on 10/06/2025 documented Resident #3 utilized two (2) 1/2 side rails to enable bed mobility. An Occupational Therapy Progress Note dated 10/16/2025 documented Resident #3 was screened by rehabilitation for the removal of bed siderails to maintain a safe environment and promote overall quality of life. Resident #3's Physician's Order dated 10/16/2025 documented to discontinue the two (2) 1/2 side rails for bed mobility. There was no documented evidence that Resident #3's designated representative/power of attorney was notified of the decision to remove Resident #3's side rails. During an observation on 01/22/2026 at 11:58 AM Resident #3 was observed in bed without side rails on their bed. During an interview on 01/22/2026 at 11:58 AM, Resident #3's designated representative/power of attorney stated they were not informed of the removal of the side rails until they arrived to visit Resident #3, and a staff person was in the process of removing the side rails. The designated representative/power of attorney stated they should have been informed as they would have liked to have been part of the decision-making process. During an interview on 01/22/2026 at 2:06 PM, the Director of Rehabilitation stated they assessed Resident #3 for the removal of side rails. The Director of Rehabilitation stated they did not inform Resident #3's designated representative/power of attorney because the nurses on the unit were responsible for notifications. During an interview on 01/22/2026 at 2:57 PM, the Director of Nursing Services</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
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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	stated if there was a change in a resident's treatments or nursing interventions the designated representative should have been informed. 10 NYCRR 415.3(f)(2)(ii)(d)		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews during the Abbreviated Survey initiated on 01/21/2026, the facility did not ensure the Minimum Data Set assessment was completed accurately and reflected each resident's status. This was identified for one (1) resident (Resident #2) of three (3) residents reviewed for Activities of Daily Living. Specifically, Resident #2's Annual Minimum Data Set assessment dated [DATE] documented Resident #2's functional ability as needing substantial/maximal assistance with putting on and taking off footwear. Resident #2 had bilateral (both sides) above the knee amputations and did not utilize footwear. Based on record review and interviews during the Abbreviated Survey initiated on 01/21/2026, the facility did not ensure the Minimum Data Set assessment was completed accurately and reflected each resident's status. This was identified for one (1) resident (Resident #2) of three (3) residents reviewed for Activities of Daily Living. Specifically, Resident #2's Annual Minimum Data Set assessment dated [DATE] documented Resident #2's functional ability as needing substantial/maximal assistance with putting on and taking off footwear. Resident #2 had bilateral (both sides) above the knee amputations and did not utilize footwear. The findings were: The facility's policy titled Minimum Data Set Assessments dated March 2025 documented all residents will have a comprehensive assessment. The purpose of the assessment is to describe the resident's capability to perform daily life functions and to identify significant impairments in functional capacity. Resident #2 had diagnoses that included Orthopedic aftercare following bilateral above the knee surgical amputation, Type 2 diabetes mellitus, and primary generalized osteoarthritis. Resident #2's Comprehensive Care Plan for Activities of Daily Living dated 11/08/2025 documented Resident #2 had a selfcare deficit related to physical limitations due to two (2) above the knee amputations and Primary generalized osteoarthritis. Resident #2's Annual Minimum Data Set assessment dated [DATE] documented Resident #2 had a Brief Interview of Mental Status score of 13 indicating an intact cognition. Resident #2 had lower extremity impairments on both sides, used a wheelchair for mobility and did not use limb prosthesis. Resident #2's functional abilities assessment documented the ability to sit to stand and walk 10 feet was not applicable/not attempted. The Minimum Data Set assessment documented Resident #2 required substantial/maximal assistance to put on and take off footwear. During an observation and interview on 01/21/2026 at 11:57 AM, Resident #2 was observed in bed with their legs covered by a blanket. Resident #2 stated they did not have legs. Resident #2 pulled back the blanket covering their lower body and they were observed to be missing the portions of their left and right legs below their mid-thighs. Resident #2 stated they did not utilize prosthetic devices for their legs. During an interview on 01/23/2026 at 3:11 PM, Occupational Therapist #1 stated they completed the Annual Minimum Data Set assessment for Resident #2. Occupational Therapist #1 stated Resident #2 had bilateral above the knee amputations and did not utilize prosthetics. Occupational Therapist #1 stated Resident #2 did not use footwear and they incorrectly documented that Resident #2 needed substantial/maximal assistance with footwear, and they (Occupational Therapist #1) should have documented not applicable instead. During an interview on 01/23/2026 at 3:15 PM, the Director of Rehabilitation stated Resident #2's Minimum Data Set was not completed accurately. The Director of Rehabilitation stated Resident #2 did not use footwear due to bilateral above the knee amputations. The Director of Rehabilitation stated the Minimum Data Set documentation should be an accurate assessment of the resident. During an interview on 01/23/2026 at 3:42 PM, the Director of Nursing Services stated if a resident does not utilize footwear due to bilateral above the knee amputations, then it should be accurately documented during the Minimum Data Set assessment. 10 NYCRR 415.11(b)</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Record review, and staff interviews during the Abbreviated Survey (Intake ID: 2682221) initiated on 01/21/2026, the facility did not ensure that each resident's Comprehensive Care Plan was revised by the interdisciplinary team after each assessment to reflect the resident's current status. This was identified for one (1) resident (Resident #2) of three (3) residents reviewed for Siderails. Specifically, Resident #2's Comprehensive Care Plan was not revised to reflect the discontinuation of the residents siderails. Based on observation, Record review, and staff interviews during the Abbreviated Survey (Intake ID: 2682221) initiated on 01/21/2026, the facility did not ensure that each resident's Comprehensive Care Plan was revised by the interdisciplinary team after each assessment to reflect the resident's current status. This was identified for one (1) resident (Resident #2) of three (3) residents reviewed for Siderails. Specifically, Resident #2's Comprehensive Care Plan was not revised to reflect the discontinuation of the residents siderails. The findings are: The facility's Policy and Procedure titled, Bed Rails with a revision date of November 2025 documented the facility would strive to provide a safe sleeping environment for residents with or without the use of bed rails. When the Interdisciplinary Care Plan Teams believed a bed rail reduction was warranted for a resident, the Director of Rehabilitations or designee, would initiate a Bed Rail Assessment. If therapy deemed the resident may benefit with a bed rail reduction, the facility would utilize the care planning process to facilitate the removal of the bed rails. The facility's Policy and Procedure titled, Comprehensive Care Plans with a revision date of January 2025 documented the facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan will be developed within seven (7) days after the completion of the comprehensive assessment. Care plans are updated on any as needed based on any occurrences and changes that are relevant to the residents' care. Resident #2 had diagnoses that included primary generalized osteoarthritis (when the cartilage that lines your joints are worn down or damaged and your bones rub together when you use that joint), idiopathic peripheral autonomic neuropathy (nerve damage where the cause is unknown), and type 2 diabetes. Resident #2's minimum data set assessment dated [DATE] documented Resident #2 had a Brief Interview of mental status score of 13 indicating intact cognition, did not utilize a bed rail, and required partial/moderate assistance with bed mobility and chair/bed-to-chair transfer. Resident #2's Comprehensive Care Plan Titled Falls initiated on 10/08/2024 and revised on 12/29/2025 documented Resident #2 was at risk for falls due to bilateral (both sides) above the knee amputations. Interventions included but were not limited to therapy evaluation and treat as ordered and to encourage the residents to utilize the side rails to promote bed mobility. A Physician's Order dated 09/24/2025 documented Resident #1 to use two (2) 1/2 side rails for enablers. Resident #1's Physician's Order for two (2) 1/2 side rails for enablers was discontinued on 10/20/2025. An Occupational Therapy Progress Note dated 10/20/2025 documented Resident #2 was screened by rehabilitation for the removal of bed siderails to maintain a safe environment and promote overall quality of life. The information was reviewed on a collaborative basis with the interdisciplinary team regarding the assessment for removal of bilateral bed siderails. An Occupational Therapy Progress Note documented upon assessment, the resident demonstrated the ability to perform functional bed mobility tasks without the need or use of bed siderails and requiring extensive assistance of one person. The determination has been made for bilateral bed siderails to be removed with</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>the interdisciplinary team in agreement to proceed with the removal process. During two observations on 01/21/2026 at 11:57 AM and 01/22/2026 at 9:26 AM Resident #2 did not have side rails on their bed. During an interview on 01/21/2026 at 11:57 AM, Resident #2 stated they were evaluated by the facility for their need for side rails and the facility then removed them. Resident #2 stated they could not recall the exact date they were removed but it was over one month ago. During an interview on 01/22/2026 at 2:57 PM, the Director of Nursing Services stated if a resident is assessed to no longer need the side rails, then the Comprehensive Care Plan should be updated to reflect the change. 10 NYCRR 415.11(c)(2)(i-iii)</p>		