STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335765	A. Building B. Wing	09/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ten Broeck Commons	One Commons Drive Lake Katrine, NY 12449

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interviews conducted during the abbreviated survey (NY00371242) the facility did not ensure that the resident environment was free of accident hazards and/or that each resident received adequate supervision to prevent accidents for one (1) of three (3) residents reviewed for accidents. Specifically, on 02/04/2025 Resident #1 who was severely cognitively impaired and required a two person assist for transfers via mechanical lift as per their care plan, was transferred by Certified Nurse Aide #1 from chair to bed alone and unassisted. Resident #1 was found with flaccidity and deformity to right hip/leg and was ordered by the Nurse Practitioner to be transferred to the hospital. According to report received by the facility from the hospital, Resident #1 sustained a right spiral hip fracture requiring surgical intervention. Certified Nurse Aide #1 admitted transferring Resident #1 via mechanical lift without assistance.The Findings are: The policy titled Mechanical Lift revised 2025, documented two or more people are necessary to safely transfer a resident with a mechanical lift to provide a safe mechanism to transfer residents from bed to chair or chair to bed. The policy titled Certified Nurse Aide Kardex/Task List revised 2025, documented an essential communication tool outlining each resident's current plan of care and certified nurse aides are required to review the Kardex at the beginning of each shift noting transfer and mobility needs. The policy titled Activities of Daily Living revised 01/2025, documented the facility is to provide activities of daily living care to all residents based on assessment of needs, the responsibility of the Certified Nurse Aide is to provide the necessary assistance the resident requires in accordance with the plan of care. Resident #1 was admitted with diagnoses including but not limited to dementia, atrial fibrillation, hypertension, and anxiety disorder. Review of the Annual Minimum Data Set, dated [DATE] revealed Resident #1 had severe cognitive impairment, unable to speak and dependent for all transfers and bed mobility. Review of the Care Plan dated 09/28/2023 documented Resident #1 was dependent on staff for activities of daily living and transfer from chair /bed to chair, dependent of 2 (two) with use of Hoyer lift. Review of the progress note dated 02/05/2025 at 7:40 AM by Licensed Practical Nurse Unit Manager #6 documented they arrived on the unit to evaluate Resident #1 lying in bed. Resident #1 was noted with evident flaccidity and deformity to right hip/leg. There was no bruising/discoloration/swelling to the site. Resident was given Tylenol as needed for comfort. The Assistant Director of Nursing was notified and called to assess; Nurse Practitioner notified and placed order for resident to be sent to hospital for evaluation. Resident's daughter notified and agreed with emergency room evaluation. The ambulance company was called for transport. Report given to hospital emergency room. Resident left facility at approximately 8:30 AM. Review of the progress note dated 02/05/2025 at 8:16 AM written by Assistant Director of Nursing documented the Resident was noted in bed in left side laying position, pillow between legs being attended to by assigned Certified Nurse Aide #2 providing morning cares. Noted Residents right lower extremity was flaccid with deformity at hip/femur head. No bruising was noted to affected extremity. Resident noted with contractures at left hip and bilateral knees. Resident had facial grimacing. Nurse Practitioner called and notified, with new orders given to transfer to emergency room for evaluation. Resident's hip was stabilized with a hip abductor wedge for transportation to emergency room. Later the Facility received report that the hospital assessed Resident with a periprosthetic right spiral hip fracture with an unstable prosthesis status post unknown injury with recommendation of revision surgery of the right hip prosthesis. Surgery scheduled for 02/06/2025. Review of the 02/2025 Investigative summary revealed that on 02/05/2025 Certified Nurse Aide # 2 went to provide morning cares to Resident #1 when they noticed the Resident's right leg was not aligned at baseline. Resident #1 reached for their right hip and grimaced. Certified Nurse Aide #2 notified Licensed Practical Nurse Unit Manager #6 who also notified Assistant Director of Nursing to assess Resident #1 at bedside. The Nurse Practitioner was made aware and gave an order to transfer Resident #1 to emergency room for evaluation. Resident #1 was unable to give statement due to diagnosis of dementia. Staff members that cared for Resident #1 in the previous 24 hours were interviewed. The investigative summary documented it was noted that Certified Nurse Aide #1 transferred Resident #1 back to bed at approximately 9pm, unassisted. Certified Nurse Aide #1 stated during an interview by facility staff that they were aware of Resident #1's plan of care to transfer with two-person assist, I looked at her and thought I could do it by myself'. Certified Nurse Aide #1 stated they used the Hoyer lift and that they did not note any abnormalities with Resident #1 following the transfer. Certified Nurse Aide #1 had received all education related to mechanical lift transfers (completed with two (2) assist) and had