

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335806	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Springvale Nursing & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  67 Springvale Road Croton on Hudson, NY 10520	

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 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>50729</p> <p>Based on record review and interviews conducted during an Abbreviated survey (NY00339167 &amp; NY00345633) completed on 12/30/24, the facility did not ensure that their facility assessment included an evaluation of the overall number of facility staff that are needed to ensure that each resident's needs are met.</p> <p>Findings include:</p> <p>The Facility Assessment last updated on 10/10/24 has a section on page six titled the staffing plan where it documents the facility nursing levels are based on an average daily census of 185. This section further states that continued efforts are being made to maintain adequate staffing levels while experiencing a state of emergency in the state of NY regarding the health care worker shortage. This is the only section that documents staffing plans and it does not indicate any actual staffing minimum numbers.</p> <p>During an interview on 12/27/24 at 11:45 am the Staffing Coordinator stated that the staffing requirements are as follows: Day time shift 7:00 am to 3:00 pm there should be 1 Nurse Manager for each unit, and a Licensed Practical Nurse and/or a Registered Nurse and 4 Certified Nursing Assistants on all units; Evening shift from 3:00 pm to 11:00 pm there should be 1 Supervisor for the building, and 1 Registered Nurse and 1 other nurse (Licensed Practical Nurse or Registered Nurse) and 4 Certified Nursing Assistants on each unit; and Overnight shift from 11:00 pm to 7:00 am there should be 1 Supervisor for the building, and 1 Registered Nurse and 1 other nurse (Licensed Practical Nurse or Registered Nurse) and 2 Certified Nursing Assistants on each unit.</p> <p>During an interview on 12/30/24 at 1:30 pm the Administrator admitted that staffing is a challenge, but that they are doing as much as possible to retain the staff they have. The Administrator mentioned that the facility has Home Health Aides. The surveyor pointed out to the Administrator that Home Health Aides are not listed in the Facility Assessment or in any of the staffing assignments. The Administrator stated that they were not aware that the Facility Assessment had to indicate par levels and or minimum staffing levels or that Home Health Aides needed to be included in their Facility Assessment.</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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