STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0580 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 interviews and record review conducted during the recertification and abbreviated (NY00359686) survey from 8/11/2025 to 8/15/2025, the facility did not ensure the resident's representative was notified when there was a need to alter the resident's treatment and transfer the resident from the facility. This was evident for 1 (Resident #194) of 4 residents reviewed for notification of change. Specifically, Resident #194's representative was not notified when the resident received intravenous hydration and was transferred to the hospital. The findings are: The facility policy titled Change in Condition dated 5/2025 documented the facility will notify the resident representative of changes in the resident's condition. Documentation of a change in the resident's condition is encouraged. Resident #194 had diagnoses of cerebral infarction (stroke) and colon neoplasm (cancer). The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #194 was moderately cognitively impaired. The Nursing Note dated 10/17/2024 documented Resident #194 had an episode of emesis and a stat abdominal x-ray was ordered. The Nurse Practitioner Note dated 10/17/2024 documented Resident #194 was administered zofran to address their nausea and vomiting and was started on intravenous hydration. The Nursing Note dated 10/18/2024 documented Resident #194 received an intravenous hydration infusion and antibiotic for a urinary tract infection. There was no documented evidence Resident #194's Representative was notified of the resident's need for intravenous hydration or antibiotic therapy. The Nursing Note dated 11/27/2024 documented Resident #194 was sluggish, had a change in mental status, and was transferred to the hospital for evaluation. There was no documented evidence Resident #194's Representative was notified of the resident's need for hospitalization. On 8/12/2025 at 11:33 AM, a telephone interview was conducted with the resident's representative who stated Resident #194 had several changes in condition and was hospitalized during their stay in the facility in 10/2024 and 11/2024. Resident #194's representatives were not informed of all the changes that occurred with the resident while at the facility. On 8/15/2025 at 9:32 AM, Licensed Practical Nurse #3 was interviewed and stated the Licensed Practical Nurses, Registered Nurses, Nurse Practitioner, and/or Medical Doctor were responsible for contacting a resident's representative and/or next of kin when there were changes in a resident's condition or was hospitalized . Resident representatives were also informed if a resident was sluggish and lethargic or had a change in vital signs. Any changes in medication orders and new orders of antibiotic therapy were also communicated to a resident's representative. The nursing staff who informed a resident's representative of changes or hospitalization were responsible for writing a note documenting the notification in the resident's medical record. On 8/14/2025 at 3:46 PM, the Medical Director was interviewed and stated the nursing staff were responsible for contacting a resident's representative and informing them of a change in the resident's condition or hospitalization. The Medical Director stated the Nurse Practitioner or Medical Doctors communicated with and notified resident representatives of changes in a resident's condition if there was a complicated or serious issue to address. On 8/15/2025 at 11:32 AM, the Director of Nursing was interviewed and stated they began working for the facility approximately 2 months ago and implemented chart auditing to improve staff documentation in the medical records. The licensed nurses, Medical Doctors, and Nurse Practitioners were all responsible for notifying a resident's representative when there were changes in a resident's condition and documenting in the medical record upon communication with the representative. 10 NYCRR 415.3(f)(2)(ii)(c-d)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review conducted during the recertification and abbreviated (NY00359686) survey from 8/11/2025 to 8/15/2025, the facility did not ensure a safe environment with protection of a resident's property from loss or theft. This was evident for 1 (Resident #194) of 6 residents reviewed for personal property. Specifically, Resident #194's personal cell phone went missing and was unable to be found during their stay at the facility. The findings are: The facility policy titled Inventory/Personal Belongings dated 1/2025 documented each resident will be offered/provided a locked drawer or equivalent with a key for small valuables. Resident #194 had diagnoses of cerebral infarction and schizoaffective disorder. The Minimum Data Set 3.0 assessment dated [DATE] documented Resident #194 was moderately cognitively impaired. The Social Work Note dated 10/14/2024 documented Resident #194 reported their phone went missing while being charged. The note documented the Director of Social Work discussed the matter with Resident #194's family member. There was no documented evidence Resident #194's cell phone was protected from loss and/or theft in 10/2024. On 8/12/2025 at 11:33 AM, a telephone interview was conducted with the Complainant who stated Resident #194's cell phone and clothing went missing at the facility in 10/2024. There was direct communication with the Administrator regarding the facility's investigation into matter. On 8/14/2025 at 10:15 AM, the Director of Social Work (and Grievance Official) was interviewed and stated they began working for the facility in 7/2024. Clothing brought to the facility was labeled by Housekeeping and documented on an inventory checklist form. A copy of the form was kept on file in the Housekeeping Department and a copy was given to the resident and/or resident's family. The forms were kept at the front desk for easy access to resident families. The Director of Social Work stated, if a resident lacked capacity, the nursing staff would take possession of a resident's valuables for safekeeping and sometimes gave the valuables to the Director of Social Work for safekeeping. Some residents and their families were adamant about a resident maintaining possession of their valuables, i.e. a cell phone. The Director of SOcial Work stated they were able to offer residents access to their cell phone kept locked in the Social Work Office on a limited basis. The Director of Social Work stated they were unaware whether Resident #194 was offered a personal storage area or lockbox for their cell phone in 10/2024 and would check with the Housekeeping Department for copies of Resident #194's inventory checklists. On 8/15/2025 at 9:32 AM, Licensed Practical Nurse #3 was interviewed and stated some residents had a bedside dresser drawer equipped with a lock for valuables and the Maintenance Department could be contacted to obtain a lockable dresser drawer for residents without one in their room. The residents were able to hold onto the keys for these drawers, or the licensed nurses could hold onto the keys if the residents were unable to do so. On 8/15/2025 at 11:13 AM, the Administrator was interviewed and stated residents were allowed to maintain possession of their cell phones and had their possessions documented on a personal property inventory checklist. The Administrator stated they could not recall the details of Resident #194's missing cell phone. Each resident had access to a lockable dresser drawer in their room to keep their valuables safe. 10 NYCRR 415.29(c)(4)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review during the recertification and abbreviated surveys (2564017) from 08/11/2025-08/15/2025, the facility did not ensure that all alleged violations involving abuse or mistreatment, were reported to the Administrator of the facility immediately or within two (2) hours after the allegation was made for one of five (1 of 5) residents reviewed for abuse. Specifically, Resident #200's daughter made an allegation of verbal mistreatment/abuse by a staff member, but staff did not report the allegation to the Administrator or State Agency. Findings include:The facility Abuse Policy-Prevention and Management last reviewed 08/2025 documented that the facility has designed and implemented processes, which strive to ensure the prevention and reporting of suspected or alleged resident/patient abuse, neglect, mistreatment, and/or misappropriation/exploitation of property. Oral, written, or gestured language, that willfully includes disparaging and derogatory terms, to the resident/patient or their families, or within their hearing distance, to describe resident/patient, regardless of their age, ability to comprehend or disability. The Shift Supervisor/Charge Nurse is identified as responsible for immediate initiation of the reporting process. The Administrator, Director of Nursing, and Risk Manager, if applicable are responsible for investigation and reporting.Resident #200 had diagnoses that included, but were not limited to, cancer, renal insufficiency, and diabetes mellitus. The Five Day Minimum Data Set, dated [DATE] documented moderately impaired cognition and no behaviors. There was no documented evidence of any grievances from Resident #200 or their family in the 2025 grievance log/book.There was no documented evidence of any incident reports for Resident #200 or their family in 02/2025 or 03/2025.There was no documented evidence of a progress note describing the incident. During a telephone interview on 08/14/2025 at 9:36 AM, Resident #200's family member stated that there was an incident involving Licensed Practical Nurse #5 when their mother, Resident #200, was a resident at the facility from 02/2025-03/2025. They stated Licensed Practical Nurse #5 was verbally insulting and used foul and inappropriate language that was directed toward them and Resident #200. They stated that they did attempt to speak with multiple staff about the incident and there were two (2) staff witnesses to the event. The facility never addressed the issues or responded to them when they asked what was being done. During an interview on 08/14/2025 at 3:23PM, the Director of Human Resources, reviewed the employee file for Licensed Practical Nurse #5 with this surveyor. Their performance reviews dated 05/15/2024 and 03/13/2025 documented that they passed their evaluations. There were no documented disciplinary actions in their file. They stated if a resident, family member, or staff witness mistreatment or receive an allegation of abuse, they had multiple avenues to report the occurrence, such as social services, human resources, and administration. Staff received education on abuse, allegations of abuse, and reporting any misconduct. During an interview on 08/15/2025 at 9:26 AM, Registered Nurse Unit Manager #2 stated that they were the covering Unit Manager on 1 [NAME] once a week. If there was an allegation of abuse, they would stop the incident, report the incident, and complete the necessary documentation. They were mandated to report all allegations of abuse. They were not witness to, or aware of, any inappropriate verbal interaction between staff and Resident #200 or their family. If there was an allegation, they would document something in the progress notes and report the incident. During an interview on 08/15/2025 at 10:15 AM, Licensed Practical Nurse #5 stated they did remember Resident #200 and the incident in question. They stated that they were passing Resident #200's room that day and made a comment to fellow staff members in the hallway about a conversation they were having about women being crazy. The staff were joking with each other. The family member thought the comment was directed at them. The family member followed them and argued with them in the hallway. Registered Nurse Unit Manager #10 advised them (Licensed Practical Nurse #5) to walk away from the family member. They completed a statement and gave it to Registered Nurse Unit Manager #10. They did not remember ever discussing the incident with Administration. During an interview on 08/15/2025 at 10:52 AM, the Director of Nursing stated they were not employed at the facility when Resident #200 was at the facility. They had not had any interaction or conversations with the family member since they started and were not aware of any incidents involving Resident #200 and staff. During an interview on 08/15/2025 at 11:10 AM, the Director of Social Work stated Resident #200's family member did report the incident in question to them involving Licensed Practical Nurse #5. They did not know that the family member felt it was directed at the resident as well. They did discuss the event with the family member, and they thought it was resolved. However, when the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
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. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0677 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 interviews and record review during the recertification and abbreviated surveys (2564017 and 781248/NY00353892) from 08/11/2025-08/15/2025, the facility did not ensure that residents who were unable to carry out activities of daily living received the necessary services to maintain good grooming and personal hygiene for two of seven (2 of 7) residents (Resident #199 and Resident #200) reviewed for Activities of Daily Living. Specifically, 1) Resident #199 required assistance with activities of daily living and the certified nurse aide documentation was inconsistent; 2) Resident #200 required assistance with activities of daily living and the certified nurse aide documentation was inconsistent. The facility policy Activities of Daily Living Care Supporting Resident, last reviewed 03/2025, 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. Activities of Daily Living documentation will be completed by the Certified Nurse Aide that provided the assistance (and other licensed nursing personnel that provide assistance) by the end of each shift. If an activity was not attempted, it should be documented with a reason. 1)Resident #199 had diagnoses that included, but not limited to, dementia, depression, and anxiety.The Five-Day Minimum Data Set, dated [DATE] documented resident with severely impaired cognition, no behaviors including refusals of care, and required maximal assistance with toileting and dressing.The Quarterly Minimum Data Set, dated [DATE] documented severely impaired cognition, no behaviors including refusals of care, required supervision assist with toileting and dressing.The Functional Abilities Care Plan initiated 06/21/2024 documented resident required moderate assistance for personal hygiene and upper body dressing and maximal assistance for toileting and lower body dressing. The certified nurse aide documentation for 07/2024 documented 135 omissions for certified nurse aide care, toileting, and dressing. The certified nurse aide documentation for 08/2024 documented 70 omissions for certified nurse aide care, toileting, and dressing. During an interview on 08/13/2025 at 12:34PM, Resident #199's family member stated Resident #199 was a resident at the facility and passed away there on 09/23/2024. Resident #199 was often found soiled or wet when the resident's spouse arrived to visit and was not dressed in their own clothing. During an interview on 08/14/2025 at 10:36 AM, Certified Nurse Aide #6 stated activities of daily living documentation was completed each shift. They also sign if there was a refusal, or if the task was not completed with a reason for why it was not performed. There should not be omissions on the record. During an interview on 08/14/2025 at 11:11 AM Registered Nurse Unit Manager #15 stated there should not be any omissions on the certified nurse aide documentation. An omission indicates the care was not rendered. 2)Resident #200 was admitted with diagnoses that included, but not limited to, cancer, renal insufficiency, and diabetes mellitus. The Five-Day Minimum Data Set, dated [DATE] documented moderately impaired cognition, no behaviors including refusals of care, and required maximal assistance for toileting and moderate personal hygiene. The Functional Abilities Care Plan re-initiated 02/26/2025 documented resident required moderate assistance with personal hygiene and maximal assistance with toileting and transfers.A nursing note dated 03/01/2025 documented resident incontinent of bowel and bladder.A medical note dated 03/06/25 documented groin rash complaint, skin assessment no lesions, intact, rash, nystatin order. Nursing notes dated 03/07-03/08/2025 documented malodorous loose stool. Nursing notes dated 03/10-03/12/2025 documented persistent loose stool. The certified nurse aide documentation from 02/27-03/15/2025 documented 35 omissions for certified nurse aide care, toileting, and personal hygiene During an interview on 08/14/2025 at 9:36 AM, Resident #200's family member stated they had personally provided incontinence care for Resident #200 during their stay there. There was a day when another family member called them to report that Resident #200 was covered in feces. They went to the facility to change Resident #200, and the staff were upset that they soiled the sheets in the process. They stated that Resident #200 was dying, and they just wanted them clean and comfortable. During an interview on 08/15/2025 at 9:26 AM, Registered Nurse Unit Manager #2 stated that the certified nurse aides document the care provided for the activities of daily living. If a task was not completed, they should document not performed with a reason. There should not be any omissions on the certified nurse aide documentation. If it was not documented, it was not done. During an interview on 08/15/2025 at 10:33 AM, Certified Nurse Aide #7 stated that Resident #200 did need to be provided frequent incontinence care. They signed the activities of daily living for all areas including cares not provided with a reason. There should not be any blanks or omissions because if it was not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews conducted during the recertification survey from August 11, 2025, through August 15, 2025, the facility did not maintain an infection prevention and control program designed to prevent the development and transmission of communicable diseases and infection. Specifically, 1) Licensed Practical Nurse #13, did not don a gown while providing wound care to Resident #165, who was on enhanced barrier precautions; 2) Home Health Aide #4 did not perform proper hand hygiene during meal service and assistance with feeding Resident #183; and 3) Home Health Aide #8 did not perform hand hygiene after feeding Resident #157 and then fed another resident during a breakfast meal. Findings include: 1) The policy and procedure titled Enhanced Barrier Precautions, last revised April 2025, directed staff to maintain enhanced barrier precautions, requiring the use of personal protective equipment, including gowns and gloves, during high-contact resident care activities such as nursing care, dressing changes, and handling medical devices. Resident #165 had diagnoses of dementia, pressure ulcer of the right heel, and peripheral vascular disease. The Quarterly Minimum Data Set, dated [DATE], documented that the resident had severe cognitive impairment and one unhealed venous ulcer. The comprehensive care plan for enhanced barrier precautions, last updated 4/28/2025, directed staff to use gowns and gloves during high-contact resident care activities, to don a gown before beginning care, and to remove the gown before leaving the patient environment. A review of the personal protective equipment competency dated 2/25/2025, revealed Licensed Practical Nurse #13 was deemed competent in using personal protective equipment. The physician’s order dated 7/14/2025, documented to maintain enhanced barrier precautions for the wound on the resident’s right heel. The physician’s order dated 7/16/2025, documented to cleanse the resident’s right heel with Dakins solution, apply collagen particles and calcium alginate to the wound base, and secure the wound with a bordered foam dressing. During an observation on 8/14/2025 at 10:00 AM. Licensed Practical Nurse#13 performed wound care on the resident’s right heel. An enhanced precaution sign was posted on the door, personal protective equipment was readily available, and a red garbage can was outside the bathroom door. At no time during the treatment did the nurse wear a gown. During an interview on 8/14/2025 at 10:15 AM, Licensed Practical Nurse#13 stated they did not wear a gown during the treatment. The nurse acknowledged that they were required to wear a gown because the resident was on enhanced barrier precautions and confirmed that they had previously been educated on the different precautions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Registered Nurse Unit Manager#2 confirmed they were responsible for ensuring staff compliance with facility policy. The unit manager stated that all staff had been educated on enhanced barrier precautions and acknowledged that Licensed Practical Nurse#13 should have worn a gown during the treatment. 2) During an observation on 08/13/2025 at 12:34 PM, Unit 2 North nursing staff including the registered nurse unit manager, licensed practical nurse, certified nurse aides, and home health aides were serving residents lunch meal without using hand sanitizer, hand sanitizing wipes or hand washing between tray pass and set up among residents. At 12:42 PM Home Health Aide #4 was observed picking up a chair by the arms to move with bare hands, picked up Resident #6's personal bag from the floor with bare right hand, pushed Resident #183's chair to the table and touched the arm rests with bare hands. Home health aide #4 then sat to feed Resident #183 without washing or sanitizing hands. During an interview on 08/13/2025 at 12:55 PM Home Health Aide #4 acknowledged being aware of hand hygiene and removed a small bottle of hand sanitizer from their pocket to show they had sanitizer but shook head no that they did not use it at any time of passing trays or assisting feeding resident #183. During an interview on 08/14/2025 at 9:05 AM, the Assistant Director of Nursing #2 stated they conducted random audits to check that hand hygiene was completed and provided in-servicing to staff at least quarterly. During an interview on 08/14/2025 at 11:47 AM, Licensed Practical Nurse #14 stated most staff feeding training was learned as school curriculum. Assistant Director of Nursing #2 provided education on hand hygiene requirements during meals and the Unit Managers monitored to see it was followed. During an interview on 08/14/2025 at 12:26 PM Registered Nurse Unit Manager #15 stated staff should sanitize hands when passing trays from one table to the next and before assisting a resident with feeding. They monitored staff for hand hygiene during meal service. 3) During an observation on 8/11/25 at 8:45 AM in the 2 East Dining Room, Home Health Aide #8 was feeding Resident #157. They did not perform hand hygiene when finished, then went to another resident’s tray and touched items to give to that resident. (straw and milk container). During an interview on 8/11/2025 at 8:50 AM, Home Health Aide # 8 stated they did not perform hand hygiene after feeding the resident, but they did wash their hands in the sink before feeding the resident. Home Health Aide #8 also stated that they had been trained on infection control. During an interview on 08/14/2025 at 8:54 AM the Assistant Director of Nursing #2 stated that In-servicing was done with all Home Health Aides on proper hand hygiene with a return demonstration. Assistant Director of Nursing #2 stated that hand hygiene audits were done in the mornings using the annual in-service check list. §415.19(b)(4).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	335806	A. Building B. Wing	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Springvale Nursing & Rehabilitation Center	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)
F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and record review during the recertification and abbreviated surveys (NY00382686) from 8/11/2025-8/15/2025, the facility did not ensure residents were adequately equipped to call for assistance through a communication system that relays the call directly to a staff member or to a centralized staff work area for 1 (Unit 2 East) of 5 residential units. Specifically, on Unit 2 East, the call bell system was not functioning correctly on 8/13/2025, 8/07/2025, 8/01/2025, 5/07/2025, 3/16/2025, 1/11/2025, 1/08/2025, 10/16/2024, 6/19/2024, and 2/22/2024. The findings include:During an interview and observation on 08/13/2025 at 10:44 AM, Certified Nurse Aide #16 stated the audible portion of the Unit 2 East call bell system was not working. Certified Nurse Aide #16 was observed to activate the call bell system from room [ROOM NUMBER]. It was observed that the light illuminated outside the door, but no sound was heard on the unit floor or at the centralized nurse station.During an interview on 08/13/25 at 11:20 AM, Registered Nurse Unit 2 East Manager stated the call bell system sound was not working. The sound occasionally went out. The staff was to look for call bell lights and give care to the residents. During an interview and observation on 08/13/2025 at 11:42 AM, Maintenance Worker #11 was observed working on the Unit 2 East call bell system at the nurse's station. They stated the call bell system had no sound coming from system speakers. The light above each room illuminates, the nurses station call bell system monitor indicates a call bell has been activated but no audible sound could be heard. They stated the Unit 2 East call bell system sometime required the computer to be reset to work correctly. The call bell system on Unit 2 East was upgraded to a different system than the rest of the facility several months ago.During an interview and record review on 8/14/2025 at 03:00 PM, the Director of Maintenance stated all maintenance issues for the facility were entered into The Equipment Lifecycle System (TELS) which was a building management platform designed for senior living communities. Every computer in the facility had the TELS application installed on it and all staff members could enter a maintenance issue into the system. TELS will notify all maintenance staff members that a maintenance issue has been entered. Any call bell system maintenance issue is given a high priority for repair. The Unit 2 East has had call bell system issues in the past. The module for the call bell system was not working correctly and a new call bell system was installed in Unit 2 East in May 2025. The new system required a new monitor and laptop to be installed in the centralized nurse's station. For the 8/14/2025 call bell system maintenance issue, maintenance staff determined that the speakers located at the centralized nurse's station on Unit 2 East were not working and a new set of speakers were installed. A review of the TELS work order report documents that the call bell system on Unit 2 East was not working correctly and required maintenance on the following days: 8/07/2025, 8/01/2025, 5/07/2025, 1/11/2025, 1/08/2025, 10/16/2024, 6/19/2024, and 2/22/2024. During an interview on 08/15/2025 at 12:46 PM, Assistant Director of Nursing # 2 stated they were not aware of any call bell system sound problem on Unit 2 East. They expected the staff to look for call bell lights that were on and respond as soon as possible. 10 NYCRR 415.29