

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335827	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/28/2026
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nrsng at River Valley		STREET ADDRESS, CITY, STATE, ZIP CODE 140 Main Street Poughkeepsie, NY 12601	
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 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation interview and record review during Recertification and Abbreviated Surveys (#723126) the facility did not ensure that the Minimum Data Set accurately reflected the resident status for two (2) of six (6) residents (Resident #162, and Resident #157) reviewed for general skin issues. Specifically, 1) the 09/29/2024 Minimum Data Set Assessment did not reflect documented refusal of care/s for Resident #162 and 2) Resident #157 had a chronic ulcer to the scalp, that was not reflected in the 11/28/2025 and 01/02/2026 Minimum Sata Set Assessments. The findings included:</p> <p>The policy titled Minimum Data Set Assessment Coordinator last reviewed 01/2024 documented a registered nurse shall be responsible for conducting and coordinating the development and completion of the resident assessment. Everyone who completes a portion of the assessment must certify the accuracy of that portion of the assessment by dating and signing the assessment and identifying each section completed.</p> <p>1) Resident #162 had diagnoses that included diabetes mellitus, heart failure, and morbid obesity.</p> <p>The Quarterly Minimum Data Set, dated [DATE] documented Resident #162 had intact cognition and no behaviors including refusal of care, medications, or activities of daily living.</p> <p>The Nursing Note dated 09/23/2024 documented Resident #162 refused an intravenous catheter for intravenous infuvite.</p> <p>The Nursing Note dated 09/27/2024 documented resident refused milk of magnesia. The resident stated they have not eaten in days.</p> <p>The quarterly Note dated 09/27/2024 documented the resident presents aggressive/combatative and is resisting/refusing care.</p> <p>The September Medication Administration Record documented refusals of Eliquis on 09/22/2024, 09/24/2024, and 09/25/2024.</p> <p>The Certified Nurse Aide Activities of daily living documentation for September 2024 documented behavior symptoms on 09/23/2024, 09/24/2024, 09/26/2024 and 09/27/2024.</p> <p>During an interview on 01/28/2026 at 2:46 PM, the Regional Minimum Data Set Coordinator stated that the behaviors should have been on the Minimum Data Set. They stated they did have someone new at the time, and the information may have been entered incorrectly.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 335827
		If continuation sheet Page 1 of 2

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<p>F 0641</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>2)Resident #157 had diagnoses that included urinary abscess of head/scalp, unspecified open wound of the head, and chronic osteomyelitis of the skull.</p> <p>The Physician's Note dated 11/26/2025 documented Resident #157 had a chronic right scalp infection with greenish-brown exudate noted.</p> <p>The Physician's Order dated 11/26/2025 documented cleanse right temporal area with normal saline solution pat dry, apply clean dry dressing daily Monday through Friday.</p> <p>The Physicians Order dated 11/27/2025 documented Gentamicin Sulfate external ointment apply to right scalp topically in the AM for osteomyelitis of the scalp.</p> <p>The Five-Day Minimum Data Set, dated [DATE] documented Resident #157 did not have other ulcers, wounds and skin problems.</p> <p>The Treatment Administration Record documented cleanse right temporal area with normal saline and apply a clean dry dressing was administered on 12/30/2025 and 12/31/2025.</p> <p>The Quarterly Minimum Data Set, dated [DATE] documented Resident #157 did not have other ulcers, wounds and skin problems.</p> <p>During an interview on 01/28/2026 at 2:59 PM the Regional Minimum Data Set Coordinator stated staff that entered information in the Minimum Data Sets made mistakes. They stated the Minimum Data Set Coordinator position had been vacant, and corporate staff were trying to complete the assessments. The Regional Coordinator stated they were overseeing the staff, but it was hard for them to keep up.</p> <p>NYCRR 415,11 (b)</p>		