

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 03/18/2026
NAME OF PROVIDER OR SUPPLIER The Grand Rehabilitation and Nrsq 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations and interviews during the abbreviated survey (2725858) the facility failed to assure that medications were secure and inaccessible to unauthorized staff and residents. Specifically, 1) on 3/3/2026 at 10:20am observed on unit 3 East a treatment cart left unlocked and unattended with Nystatin cream left on top of the cart. This cart was under the responsibility of Licensed Practical Nurse # 1. 2) On unit at 5 East at 11:00 am observed medication cart on the unit left unlocked and unattended; while Licensed Practical Nurse # 2 was passing medication to the resident in room [ROOM NUMBER]. The findings include: Review of the facility's Security of Medication Cart policy dated 10/97 and last reviewed 1/25 documented it is the policy of the facility to have the medication cart secured during medication passes. The nurse must secure the medication cart during medication pass to prevent unauthorized entry. Medication carts must be securely locked at all times when out of the nurse's view. On 3/3/2026 at 10:20am treatment cart was observed unlocked and unattended with Nystatin cream on top of the cart; treatment cart was located near room [ROOM NUMBER]. During an interview with Licensed Practical Nurse # 1 on 3/3/2026 at 10:25 am they acknowledged that they left the treatment cart unlocked with nystatin cream on top of the cart. Licensed Practical Nurse # 1 stated the cart should have been locked, and they do not have an excuse for why they did not lock the cart. Licensed Practical Nurse # 1 moved the nystatin cream from on top of the cart and placed it inside the treatment cart and locked the cart. On 3/3/2026 at 11:00am Licensed Practical Nurse # 2 was observed in room [ROOM NUMBER] giving medication to the resident in the room. Medication cart was parked at the entrance doorway of room [ROOM NUMBER] unlocked and unattended. During an interview with Licensed Practical Nurse # 2 on 3/3/2026 at 11:02am they stated they are aware the medication cart was left unlocked, and it needs to be locked. Licensed Practical Nurse # 2 stated they normally do lock the cart. During an interview with the Assistant Director of Nursing on 3/3/2026 at 2:23pm they stated the nurses know better and should always lock the carts. They were probably trying to take a shortcut, but the nurses are aware the carts should be locked when they are not present at the cart. 10 NYCRR 415.18(e)(1-4)</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interviews and record review conducted during an abbreviated survey (2725858), the facility did not ensure infection prevention and control standards were maintained. Specifically, 1) on 3/2/2026 observed Certified Nurse Aide #1 not applying personal protective equipment to go into Resident # 2's room who had a contact precaution sign on the door. 2) On 3/3/2026 Observed Certified Nurse Aide #2 going into Resident # 3's room on droplet precaution with appropriate personal protective equipment, Certified Nurse Aide #2 exited the room wearing the mask in the hallway. Findings include: Review of the facility's infection control policy dated 8/17 and last reviewed on 1/2025 documented transmission-based precautions will be used whenever measures more stringent than standard precautions are needed to prevent the spread of infection. Review of the facility's Personal Protective Equipment for Healthcare Personnel dated 10/97 and last revised/reviewed 5/2025 documented it is the policy of the facility to utilize a variety of barriers, as appropriate, when working in the healthcare setting. The selection of personal protective equipment is based on the nature of the resident interaction and/or the likely mode(s) of transmission. Supplies necessary for adherence to proper personal protective equipment shall do readily accessible in resident care areas donning/doff procedure with policy. During an observation on 3/2/2026 at 12:04 pm Certified Nurse Aide # 1 went into Resident # 2's room with no PPE (Personal protective equipment) applied before entering the room. There was a sign on Resident # 2's door indicating that the resident was on contact precaution. During an interview on 3/2/2026 at 12:05 pm with Certified Nurse Aide #1 they stated they think Resident #2 was on contact precautions because of something with their head. Certified Nurse Aide #2 acknowledged that they did not have any PPE (Personal protective equipment) on when they entered the room and they should have applied it because the resident is on contact precautions. They did not apply for personal protective equipment because they forgot to and they were rushing to answer Resident #2's call bell. During an observation on 3/3/2026 at 10:37am Certified Nurse Aide # 2 applied personal protective equipment to enter Resident # 3's room. Resident # 3 had a sign on their door indicating that they were on droplet precautions. At 10:50 am Certified Nurse Aide # 2 observed in the hallway with the mask on their face after coming out of Resident # 3 room. During an interview on 3/3/26 at 10:51am Certified Nurse Aide # 2 acknowledged that they were wearing the mask in the hallway, and it should have been removed. Certified Nurse Aide # 2 stated the facility does train them on infection control, but they cannot remember the last time they were trained. Certified Nurse Aide # 2 stated they know when the residents are on precautions, they need to apply personal protective equipment and remove it after they are done. 415.19 (b)(1)</p>		