

## Hudson Valley Nursing Home Update: June 2025

Part I. Data Update: How do HV Nursing Homes Compare?

Part II. Resident Rights: Discharge & Transfer Protections.

[www.nursinghome411.org](http://www.nursinghome411.org)

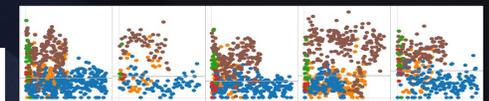
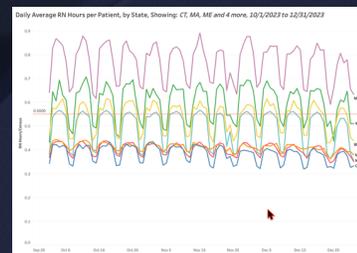
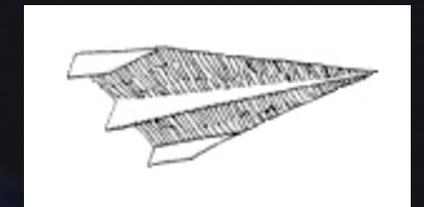
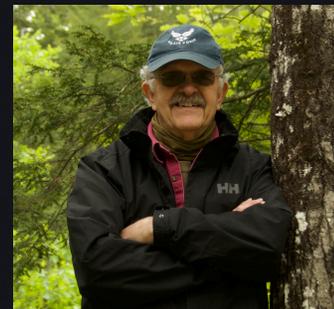
## + The Long Term Care Community Coalition

- **LTCCC:** Nonprofit, nonpartisan organization dedicated to improving care & quality of life for the elderly & adult disabled in long-term care (LTC).
- **Our focus:** People who live in nursing homes & assisted living.
- **What we do:**
  - Policy analysis and systems advocacy;
  - Data resources & analyses;
  - Education of consumers and families, LTC ombudsmen, and other stakeholders;
  - Home of two local LTC Ombudsman Programs in the Hudson Valley.
- **Website:** [www.nursinghome411.org](http://www.nursinghome411.org).

# John W. Rodat Public Signals, LLC

Think in systems ...  
and *Use the Damn Data*

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# Outline of Today's Program



**DATA BRIEFING &  
INSIGHTS**



**RESIDENT RIGHTS:**  
Protections against  
facility-initiated  
discharge & transfer.



**Discussion & Q & A.**



+ Hudson County Nursing Home  
Update – Part 1

**Data Insight & Resources**

# + Provider Data

- LTCCC's Provider data files are updated semi-annually from the CMS database.
- The included data are put into searchable/sortable files.
- They include:
  - Name
  - Number
  - Ownership type
  - Affiliated entity name (if any)
  - Abuse icon
  - Special Focus Facility
  - Most recent inspection more than two years
  - Provider changed ownership in last year
  - CMS ratings
  - Ratings over last three cycles
  - Citations & fines
  - Substantiated complaints

<https://nursinghome411.org/data/ratings-info/>

# + Nursing Home Provider Data

CMS Certification							
Number (CCN)	Provider Name	Provider Address	City/Town	ZIP Code	Telephone Number	County/Parish	Ownership Type
335003	THE EMERALD PEEK REHABILITATION AND NURSING CENTER	2000 EAST MAIN STREET	PEEKSKILL	10566	9147378400	Westchester	For profit - Corporation
335005	BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING CARE	620 SLEEPY HOLLOW ROAD	BRIARCLIFF MANO	10510	9149415100	Westchester	For profit - Individual
335046	NORTHERN MANOR GERIATRIC CENTER INC	199 N MIDDLETOWN ROAD	NANUET	10954	8456233904	Rockland	Non profit - Corporation
335078	YORKTOWN REHABILITATION & NURSING CENTER	2300 CATHERINE STREET	CORTLANDT MANC	10567	9147392244	Westchester	For profit - Corporation
335080	HUDSON HILL CENTER FOR REHABILITATION & NURSING	65 ASHBURTON AVENUE	YONKERS	10701	9149634000	Westchester	For profit - Corporation
335148	THE WILLOWS AT RAMAPO REHAB AND NURSING CENTER	30 CRAGMERE ROAD	SUFFERN	10901	8453571230	Rockland	For profit - Corporation
335185	CEDAR MANOR NURSING & REHABILITATION CENTER	32 CEDAR LANE	OSSINING	10562	9147621600	Westchester	For profit - Individual
335188	NEW PALTZ CENTER FOR REHABILITATION AND NURSING	1 JANSEN ROAD	NEW PALTZ	12561	8452550830	Ulster	For profit - Limited Liab
335224	WHITE PLAINS CENTER FOR NURSING CARE, L L C	220 WEST POST ROAD	WHITE PLAINS	10606	9146868880	Westchester	For profit - Corporation
335229	PUTNAM NURSING & REHABILITATION CENTER	404 LUDINGTONVILLE ROAD	HOLMES	12531	8458783241	Putnam	For profit - Partnership
335238	THE VALLEY VIEW CENTER FOR NURSING CARE AND REHAB	2 GLENMERE COVE RD	GOSHEN	10924	8452914740	Orange	Government - County
335256	THE PINES AT CATSKILL CENTER FOR NURSING & REHAB	154 JEFFERSON HEIGHTS	CATSKILL	12414	5189435151	Greene	For profit - Partnership
335259	WATERVIEW HILLS REHABILITATION AND NURSING CENTER	537 ROUTE 22	PURDY STATION	10578	9142773691	Westchester	For profit - Limited Liab
335261	THE PARAMOUNT AT SOMERS REHAB AND NURSING CENTER	ROUTE 100	SOMERS	10589	9142325101	Westchester	For profit - Limited Liab
335269	THE WARTBURG HOME	BRADLEY AVENUE	MOUNT VERNON	10552	9146990800	Westchester	Non profit - Corporation
335271	DUMONT CENTER FOR REHABILITATION AND NURSING CARE	676 PELHAM ROAD	NEW ROCHELLE	10805	9146329600	Westchester	For profit - Individual
335275	SAPPHIRE NURSING AT WAPPINGERS	37 MESIER AVENUE	WAPPINGERS FALL	12590	8452973793	Dutchess	For profit - Limited Liab
335285	PINE VALLEY CENTER FOR REHABILITATION AND NURSING	661 N MAIN ST	SPRING VALLEY	10977	8453560567	Rockland	For profit - Corporation
335296	THE NEW JEWISH HOME, SARAH NEUMAN	845 PALMER AVENUE	MAMARONECK	10543	9146986005	Westchester	Non profit - Corporation
335311	TOLSTOY FOUNDATION REHABILITATION AND NRSNG CENTER	100 LAKE ROAD	VALLEY COTTAGE	10989	8452686813	Rockland	Non profit - Corporation
335312	THE ENCLAVE AT RYE REHAB AND NURSING CTR	1000 HIGH ST	PORT CHESTER	10573	9149371200	Westchester	For profit - Limited Liab
335316	ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	420 ROCKLAND ROAD	ROSCOE	12776	6074984121	Sullivan	For profit - Limited Liab
335320	SPRAIN BROOK MANOR REHAB	77 JACKSON AVE	SCARSDALE	10583	9144723200	Westchester	For profit - Partnership
335323	THE ELEANOR NURSING CARE CENTER	419 NORTH QUAKER LANE	HYDE PARK	12538	8452299177	Dutchess	For profit - Individual
335337	SCHAFFER EXTENDED CARE CENTER	16 GUION PLACE	NEW ROCHELLE	10802	9146371200	Westchester	Non profit - Corporation
335342	NORTH WESTCHESTER RESTORATIVE THERAPY & NRSNG CRT	3550 LEXINGTON AVENUE	MOHEGAN LAKE	10547	9145282000	Westchester	For profit - Limited Liab
335350	SUTTON PARK CENTER FOR NURSING AND REHABILITATION	31 LOCKWOOD AVENUE	NEW ROCHELLE	10801	9145760600	Westchester	For profit - Partnership
335365	NYACK RIDGE REHABILITATION AND NURSING CENTER	476 CHRISTIAN HERALD ROAD	VALLEY COTTAGE	10989	8452686861	Rockland	For profit - Partnership
335380	NORTHERN METROPOLITAN RES HEALTH CARE FACILITY INC	225 MAPLE AVENUE	MONSEY	10952	8453529000	Rockland	Non profit - Corporation
335383	ST CABRINI NURSING HOME	115 BROADWAY	DOBBS FERRY	10522	9146936800	Westchester	Non profit - Corporation

# + Hudson Valley Nursing Homes: Nurse Staffing

PROVNAME	CITY	COUNTY_NAME	VIDScensus	Total Nurse Staff		Nursing Case-Mix		% Deviation From	
				HPRD	Index	Expected Total Nurse Staff HPRD	Total Expected Nurse HPRD		
ST CABRINI NURSING HOME	DOBBS FERRY	Westchester	290.96	3.63	1.35	4.93	-26.4%		
ST JOSEPHS PLACE	PORT JERVIS	Orange	29.60	4.73	1.30	4.85	-2.5%		
SULLIVAN COUNTY ADULT CARE CENTER	LIBERTY	Sullivan	121.82	4.40	1.60	5.27	-16.6%		
SUNSHINE CHILDREN'S HOME AND REHAB CENTER	OSSINING	Westchester	117.52	9.50	2.66	6.51	45.9%		
SUTTON PARK CENTER FOR NURSING AND REHABILITATION	NEW ROCHELLE	Westchester	152.01	3.32	1.57	5.24	-36.7%		
TACONIC REHABILITATION AND NURSING AT BEACON	BEACON	Dutchess	136.71	3.84	1.28	4.83	-20.4%		
TACONIC REHABILITATION AND NURSING AT HOPEWELL	FISHKILL	Dutchess	149.18	3.68	1.32	4.88	-24.7%		
TACONIC REHABILITATION AND NURSING AT ULSTER	HIGHLAND	Ulster	98.05	4.08	1.50	5.14	-20.5%		
TARRYTOWN HALL CARE CENTER	TARRYTOWN	Westchester	115.53	3.60	1.41	5.02	-28.2%		
TEN BROECK COMMONS	LAKE KATRINE	Ulster	248.86	3.22	1.59	5.25	-38.7%		
THE BAPTIST HOME AT BROOKMEADE	RHINEBECK	Dutchess	103.86	2.60	1.29	4.85	-46.3%		
THE ELEANOR NURSING CARE CENTER	HYDE PARK	Dutchess	101.29	2.61	1.21	4.73	-44.9%		
THE EMERALD PEEK REHABILITATION AND NURSING CENTER	PEEKSKILL	Westchester	84.97	3.37	1.47	5.09	-33.8%		
THE ENCLAVE AT RYE REHAB AND NURSING CTR	PORT CHESTER	Westchester	149.74	3.17	1.41	5.01	-36.7%		
THE GRAND REHABILITATION AND NRSG AT RIVER VALLEY	POUGHKEEPSIE	Dutchess	150.42	3.33	1.52	5.16	-35.6%		
THE GRAND REHABILITATION AND NURSING AT BARNWELL	VALATIE	Columbia	225.12	3.09	1.44	5.06	-39.0%		
THE GRAND REHABILITATION AND NURSING AT PAWLING	PAWLING	Dutchess	107.67	2.93	1.44	5.06	-42.1%		
THE GROVE AT VALHALLA REHAB AND NURSING CENTER	VALHALLA	Westchester	155.24	3.29	1.59	5.26	-37.5%		
THE KNOLLS	VALHALLA	Westchester	16.09	5.68	1.40	5.01	13.5%		
THE NEW JEWISH HOME, SARAH NEUMAN	MAMARONECK	Westchester	278.60	2.64	1.30	4.86	-45.8%		
THE OSBORN	RYE	Westchester	77.42	4.22	1.43	5.05	-16.3%		
THE PARAMOUNT AT SOMERS REHAB AND NURSING CENTER	SOMERS	Westchester	282.07	2.73	1.50	5.14	-46.9%		
THE PINES AT CATSKILL CENTER FOR NURSING & REHAB	CATSKILL	Greene	131.60	3.44	1.45	5.08	-32.2%		
THE PINES AT POUGHKEEPSIE CTR FOR NURSING & REHAB	POUGHKEEPSIE	Dutchess	182.66	3.72	1.46	5.09	-26.8%		
THE STEVEN AND ALEXANDRA COHEN PED L T C PAVILION	VALHALLA	Westchester	23.37	7.55	3.13	6.99	8.0%		
THE VALLEY VIEW CENTER FOR NURSING CARE AND REHAB	GOSHEN	Orange	228.88	3.96	1.35	4.93	-19.8%		
THE WARTBURG HOME	MOUNT VERNON	Westchester	45.88	5.08	1.59	5.26	-3.5%		
THE WILLOWS AT RAMAPO REHAB AND NURSING CENTER	SUFFERN	Rockland	180.96	3.34	1.58	5.24	-36.3%		
TOLSTOY FOUNDATION REHABILITATION AND NRSG CENTER	VALLEY COTTAGE	Rockland	74.05	3.63	1.40	5.00	-27.3%		
UNITED HEBREW GERIATRIC CENTER	NEW ROCHELLE	Westchester	165.49	4.13	1.58	5.25	-21.4%		

# + Hudson Valley Nursing Homes: Non-Nurse Staffing

STATE	PROVNAME	CITY	COUNTY_NAME	1DScensus	Hrs_Admin	MPRD: Admin	Hrs_MedDir	MPRD: MedDir	Hrs_Pharmacist
NY	ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	130.36	5.38	2.48	0.00	0.00	0.00
NY	ADIRA AT RIVERSIDE REHABILITATION AND NURSING	YONKERS	Westchester	109.53	5.02	2.75	0.00	0.00	0.00
NY	ANDRUS ON HUDSON	HASTINGS ON HUDSON	Westchester	185.34	5.05	1.64	0.66	0.21	0.00
NY	BAYBERRY NURSING HOME	NEW ROCHELLE	Westchester	53.95	5.35	5.95	1.40	1.56	0.58
NY	BETHEL NURSING HOME COMPANY INC	OSSINING	Westchester	34.64	4.40	7.62	0.42	0.73	0.35
NY	BRIARCLIFF MANOR CENTER FOR REHAB AND NURSING CARE	BRIARCLIFF MANOR	Westchester	108.66	5.38	2.97	0.00	0.00	0.00
NY	CAMPBELL HALL REHABILITATION CENTER INC	CAMPBELL HALL	Orange	101.24	6.36	3.77	0.00	0.00	0.00
NY	CEDAR MANOR NURSING & REHABILITATION CENTER	OSSINING	Westchester	145.61	5.22	2.15	0.46	0.19	1.57
NY	CORTLANDT HEALTHCARE	CORTLANDT MANOR	Westchester	114.70	5.74	3.00	0.00	0.00	0.00
NY	DUMONT CENTER FOR REHABILITATION AND NURSING CARE	NEW ROCHELLE	Westchester	185.49	5.38	1.74	3.10	1.00	0.00
NY	ELIZABETH SETON CHILDREN'S CENTER	YONKERS	Westchester	166.42	5.23	1.88	4.93	1.78	24.52
NY	EPIC REHABILITATION AND NURSING AT WHITE PLAINS	WHITE PLAINS	Westchester	143.92	5.39	2.25	0.57	0.24	1.18
NY	FERNCLEIFF NURSING HOME CO INC	RHINEBECK	Dutchess	256.90	8.55	2.00	2.77	0.65	0.00
NY	FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	Dutchess	150.95	10.17	4.04	0.00	0.00	0.00
NY	FRIEDWALD CENTER FOR REHAB AND NURSING, L L C	NEW CITY	Rockland	167.70	4.02	1.44	3.59	1.28	0.00
NY	GHENT REHABILITATION & NURSING CENTER	GHENT	Columbia	111.15	4.64	2.50	0.00	0.00	0.00
NY	GLEN ARDEN INC	GOSHEN	Orange	34.84	4.73	8.14	0.91	1.57	0.00
NY	GLEN ISLAND CENTER FOR NURSING AND REHABILITATION	NEW ROCHELLE	Westchester	180.13	5.22	1.74	0.85	0.28	0.00
NY	GOLDEN HILL NURSING AND REHABILITATION CENTER	KINGSTON	Ulster	250.85	4.35	1.04	1.22	0.29	0.00
NY	GREENE MEADOWS NURSING AND REHABILITATION CENTER	CATSKILL	Greene	112.28	4.70	2.51	0.00	0.00	0.57
NY	HELEN HAYES HOSPITAL R H C F	WEST HAVERSTRAW	Rockland	19.60	0.00	0.00	0.00	0.00	0.00
NY	HELEN HAYES HOSPITAL T C U	WEST HAVERSTRAW	Rockland	13.45	0.00	0.00	0.00	0.00	0.00
NY	HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	Orange	95.82	4.68	2.93	0.00	0.00	0.00
NY	HUDSON HILL CENTER FOR REHABILITATION & NURSING	YONKERS	Westchester	282.52	5.39	1.14	2.54	0.54	0.00
NY	HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	HIGHLAND	Ulster	95.13	5.73	3.61	1.18	0.75	0.64
NY	KENDAL ON HUDSON	SLEEPY HOLLOW	Westchester	22.14	5.30	14.37	0.57	1.53	0.31
NY	KING STREET HOME INC	PORT CHESTER	Westchester	69.60	5.74	4.95	0.40	0.34	0.70
NY	LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	111.46	4.87	2.62	2.74	1.47	0.00



# Congressional Rep x Overall Star Rating

Color by Count/Percent of: **Current Representative**

In Each Cell:

Number of Facilities

Percent of Facilities (Row)

Number of Residents

Percent of Residents (Row)

Overall Rating: Null, 1, 2 and 3 more

Ownership Type Summary: **Null**

Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices

	Grand Total	George Latimer	Josh Riley	Michael Lawler	Patrick Ryan
Grand Total	92 100.00% 12,122 100.00%	24 26.09% 3,620 29.86%	9 9.78% 1,102 9.09%	31 33.70% 3,671 30.29%	28 30.43% 3,729 30.76%
1	24 100.00% 3,628 100.00%	4 16.67% 849 23.39%	4 16.67% 549 15.12%	6 25.00% 839 23.12%	10 41.67% 1,392 38.36%
2	15 100.00% 2,121 100.00%	3 20.00% 459 21.65%	2 13.33% 225 10.59%	5 33.33% 824 38.83%	5 33.33% 614 28.93%
3	19 100.00% 2,868 100.00%	6 31.58% 983 34.28%	1 5.26% 127 4.42%	7 36.84% 970 33.83%	5 26.32% 788 27.46%
4	16 100.00% 1,989 100.00%	7 43.75% 711 35.73%	1 6.25% 127 6.39%	3 18.75% 402 20.20%	5 31.25% 749 37.67%
5	18 100.00% 1,516 100.00%	4 22.22% 618 40.75%	1 5.56% 75 4.96%	10 55.56% 637 41.99%	3 16.67% 186 12.30%





# Congressional Rep x Staffing Star Rating

## Color by Count/Percent of: *Current Representative* In Each Cell:

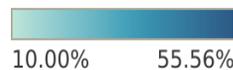
- Number of Facilities
- Percent of Facilities (Row)
- Number of Residents
- Percent of Residents (Row)

**Overall Rating: Null, 1, 2 and 3 more**

**Ownership Type Summary: Null**

*Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices*

	Grand Total	George Latimer	Josh Riley	Michael Lawler	Patrick Ryan
Grand Total	92 100.00% 12,122 100.00%	24 26.09% 3,620 29.86%	9 9.78% 1,102 9.09%	31 33.70% 3,671 30.29%	28 30.43% 3,729 30.76%
<b>1.0</b>	19 100.00% 2,492 100.00%	4 21.05% 531 21.29%	2 10.53% 325 13.03%	5 26.32% 745 29.90%	8 42.11% 891 35.78%
<b>2.0</b>	23 100.00% 3,516 100.00%	4 17.39% 818 23.26%	4 17.39% 439 12.49%	10 43.48% 1,438 40.89%	5 21.74% 821 23.36%
<b>3.0</b>	30 100.00% 4,559 100.00%	10 33.33% 1,727 37.88%	3 10.00% 338 7.42%	8 26.67% 954 20.93%	9 30.00% 1,539 33.76%
<b>4.0</b>	11 100.00% 1,277 100.00%	5 45.45% 526 41.18%		3 27.27% 376 29.43%	3 27.27% 375 29.39%
<b>5.0</b>	9 100.00% 278 100.00%	1 11.11% 18 6.55%		5 55.56% 158 57.00%	3 33.33% 101 36.44%





# Congressional Rep x Meet 4.1 HPRD

Federal study identified 4.1  
HPRD as minimum necessary to  
meet residents' clinical needs

**T 1 Flexible Dimension Table, Horizontal Axis: *Current Representative*, by  
Vertical Axis: *Meet Minimum Desired Nursing Staff?*,  
County: *Columbia, Dutchess, Greene and 6 more*  
Color by Count/Percent of: *Current Representative***

**In Each Cell:**

Number of Facilities

Percent of Facilities (Row)

Number of Residents

Percent of Residents (Row)

**Overall Rating: Null, 1, 2 and 3 more**

**Ownership Type Summary: Null**

*Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices*

	Grand Total	George Latimer	Josh Riley	Michael Lawler	Patrick Ryan
Grand Total	92 100.00% 12,122 100.00%	24 26.09% 3,620 29.86%	9 9.78% 1,102 9.09%	31 33.70% 3,671 30.29%	28 30.43% 3,729 30.76%
<b>Do Not Meet Desired Nursing Staff Standard</b>	75 100.00% 11,172 100.00%	18 24.00% 3,243 29.02%	9 12.00% 1,102 9.87%	23 30.67% 3,218 28.80%	25 33.33% 3,609 32.31%
<b>Meet Desired Nursing Staff Standard</b>	17 100.00% 950 100.00%	6 35.29% 377 39.69%		8 47.06% 453 47.74%	3 17.65% 119 12.57%





# Congressional Rep x Meet 3.5 HPRD

NY State minimum standard =  
3.5 HPRD

**Color by Count/Percent of: *Current Representative***

**In Each Cell:**

Number of Facilities

Percent of Facilities (Row)

Number of Residents

Percent of Residents (Row)

**Overall Rating: Null, 1, 2 and 3 more**

**Ownership Type Summary: *Null***

*Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices*

	Grand Total	George Latimer	Josh Riley	Michael Lawler	Patrick Ryan
Grand Total	92 100.00%	24 26.09%	9 9.78%	31 33.70%	28 30.43%
	12,122 100.00%	3,620 29.86%	1,102 9.09%	3,671 30.29%	3,729 30.76%
<b>Do Not Meet Desired Nursing Staff Standard</b>	46 100.00%	12 26.09%	6 13.04%	14 30.43%	14 30.43%
	6,932 100.00%	2,174 31.36%	751 10.83%	1,873 27.02%	2,134 30.78%
<b>Meet Desired Nursing Staff Standard</b>	46 100.00%	12 26.09%	3 6.52%	17 36.96%	14 30.43%
	5,190 100.00%	1,446 27.86%	351 6.77%	1,798 34.64%	1,595 30.73%



# + County x Meet 4.1 HPRD

T 1 Flexible Dimension Table, Horizontal Axis: **County**, by Vertical Axis: **Meet Minimum Desired Nursing Staff?**,  
County: **Columbia, Dutchess, Greene and 6 more**

Color by Count/Percent of: **County**

In Each Cell:

Number of Facilities

Percent of Facilities (Row)

Number of Residents

Percent of Residents (Row)

Overall Rating: **Null, 1, 2 and 3 more**

Ownership Type Summary: **Null**

Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices

	Grand Total	Columbia	Dutchess	Greene	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
Grand Total	92	4	12	2	10	2	10	3	7	42
	100.00%	4.35%	13.04%	2.17%	10.87%	2.17%	10.87%	3.26%	7.61%	45.65%
	12,122	549	1,642	238	1,138	249	1,278	316	1,056	5,657
	100.00%	4.53%	13.55%	1.96%	9.39%	2.05%	10.54%	2.60%	8.71%	46.67%
Do Not Meet Desired Nursing Staff Standard	75	4	12	2	8	2	7	3	6	31
	100.00%	5.33%	16.00%	2.67%	10.67%	2.67%	9.33%	4.00%	8.00%	41.33%
	11,172	549	1,642	238	1,054	249	1,079	316	1,021	5,026
	100.00%	4.91%	14.70%	2.13%	9.43%	2.23%	9.66%	2.83%	9.13%	44.98%
Meet Desired Nursing Staff Standard	17				2		3		1	11
	100.00%				11.76%		17.65%		5.88%	64.71%
	950				84		199		35	632
	100.00%				8.85%		20.92%		3.73%	66.50%



# + County x Meet 3.5 HPRD



T 1 Flexible Dimension Table, Horizontal Axis: **County**, by Vertical Axis: **Meet Minimum Desired Nursing Staff?**,  
County: **Columbia, Dutchess, Greene and 6 more**

Color by Count/Percent of: **County**

In Each Cell:

Number of Facilities

Percent of Facilities (Row)

Number of Residents

Percent of Residents (Row)

Overall Rating: **Null, 1, 2 and 3 more**

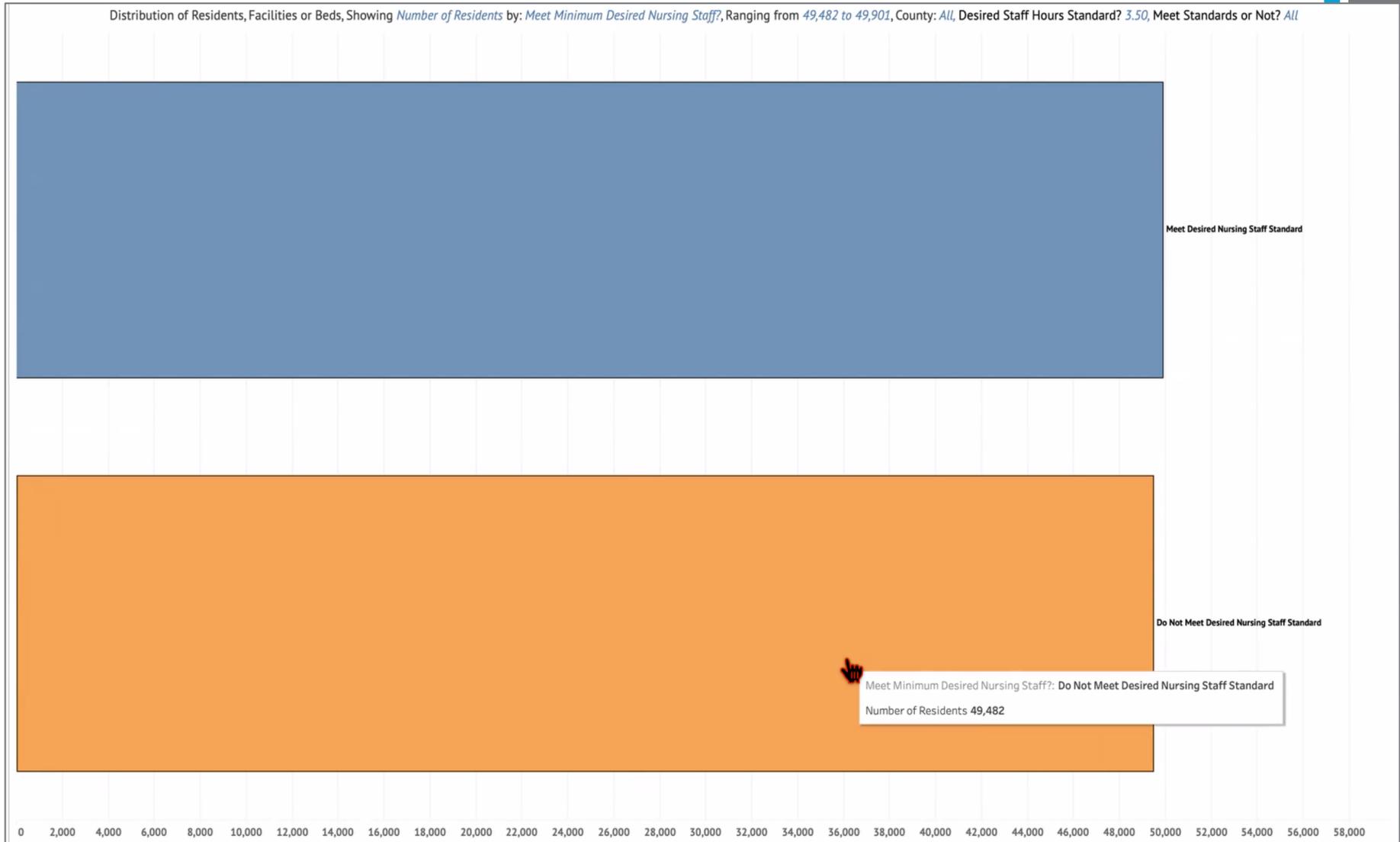
Ownership Type Summary: **Null**

*Note: If you wish to see the percentages calculated based on a different dimension, reverse the dimension choices*

	Grand Total	Columbia	Dutchess	Greene	Orange	Putnam	Rockland	Sullivan	Ulster	Westchester
Grand Total	92	4	12	2	10	2	10	3	7	42
	100.00%	4.35%	13.04%	2.17%	10.87%	2.17%	10.87%	3.26%	7.61%	45.65%
	12,122	549	1,642	238	1,138	249	1,278	316	1,056	5,657
	100.00%	4.53%	13.55%	1.96%	9.39%	2.05%	10.54%	2.60%	8.71%	46.67%
<b>Do Not Meet Desired Nursing Staff Standard</b>	46	4	7	1	4	1	4	1	4	20
	100.00%	8.70%	15.22%	2.17%	8.70%	2.17%	8.70%	2.17%	8.70%	43.48%
	6,932	549	903	127	502	109	586	75	836	3,245
	100.00%	7.92%	13.03%	1.83%	7.24%	1.58%	8.45%	1.08%	12.06%	46.81%
<b>Meet Desired Nursing Staff Standard</b>	46		5	1	6	1	6	2	3	22
	100.00%		10.87%	2.17%	13.04%	2.17%	13.04%	4.35%	6.52%	47.83%
	5,190		739	111	636	140	692	241	220	2,412
	100.00%		14.24%	2.14%	12.25%	2.69%	13.33%	4.63%	4.24%	46.48%

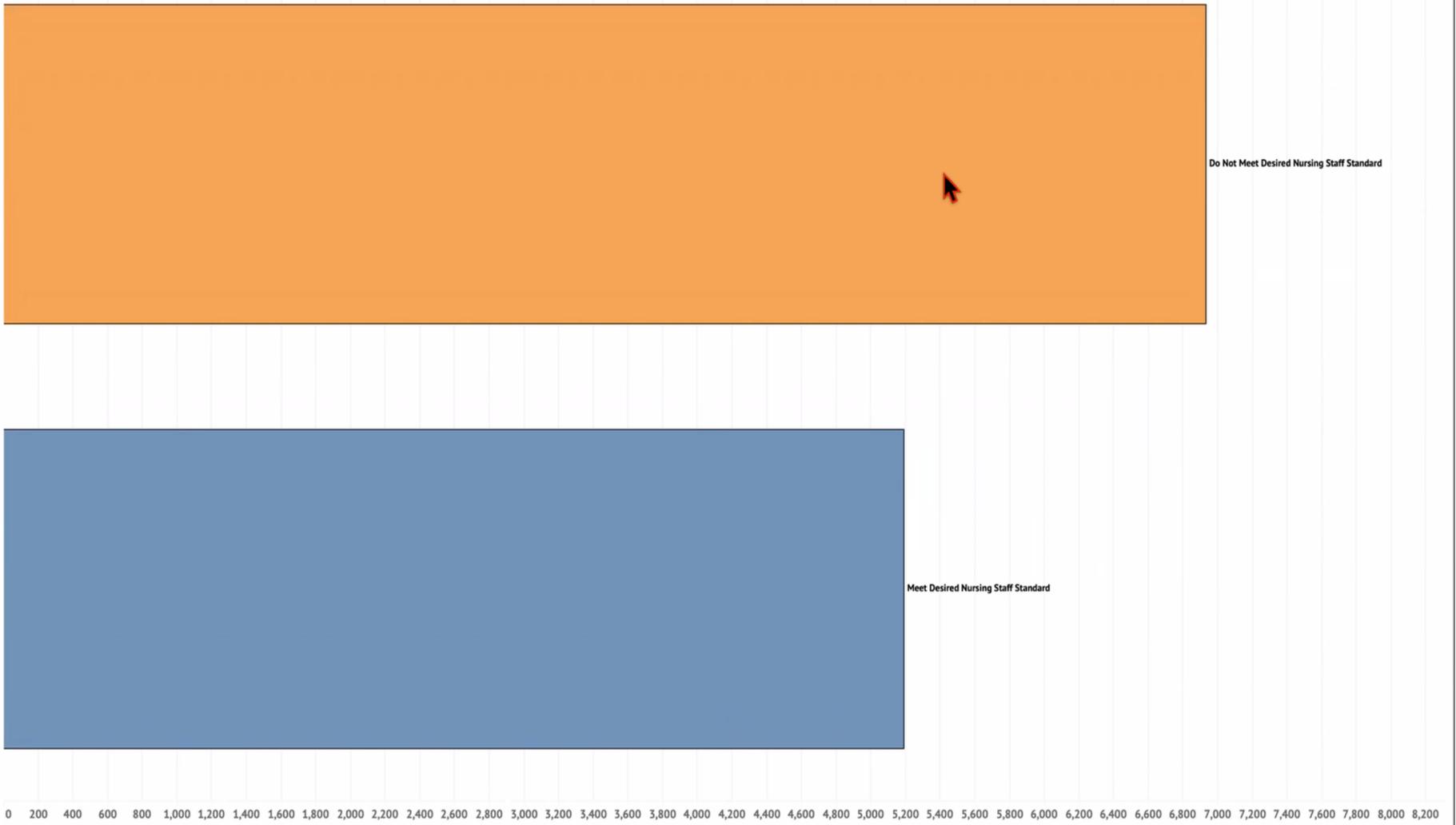


# + Are NYS Nursing Homes Meeting the State Minimum Standard?



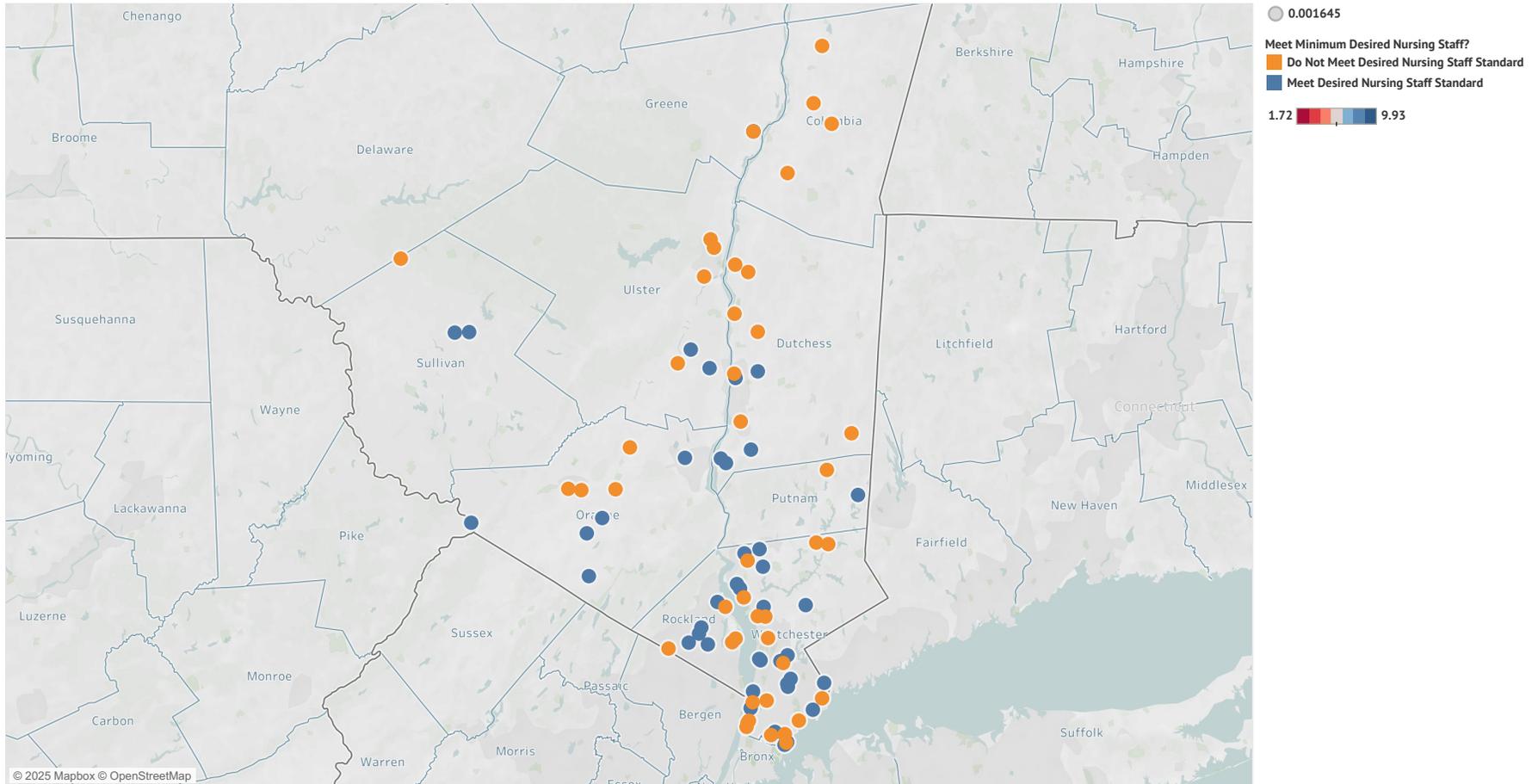
# + Are Hudson Valley Nursing Homes Meeting the State Minimum Standard?

Distribution of Residents, Facilities or Beds, Showing *Number of Residents* by: *Meet Minimum Desired Nursing Staff?*, Ranging from 5,190 to 6,932, County: *Columbia, Dutchess, Greene and 6 more*, Desired Staff Hours Standard? 3.50, Meet Standards or Not? All



# + Map Indicating Facilities Meeting State Mandated 3.5 HPRD

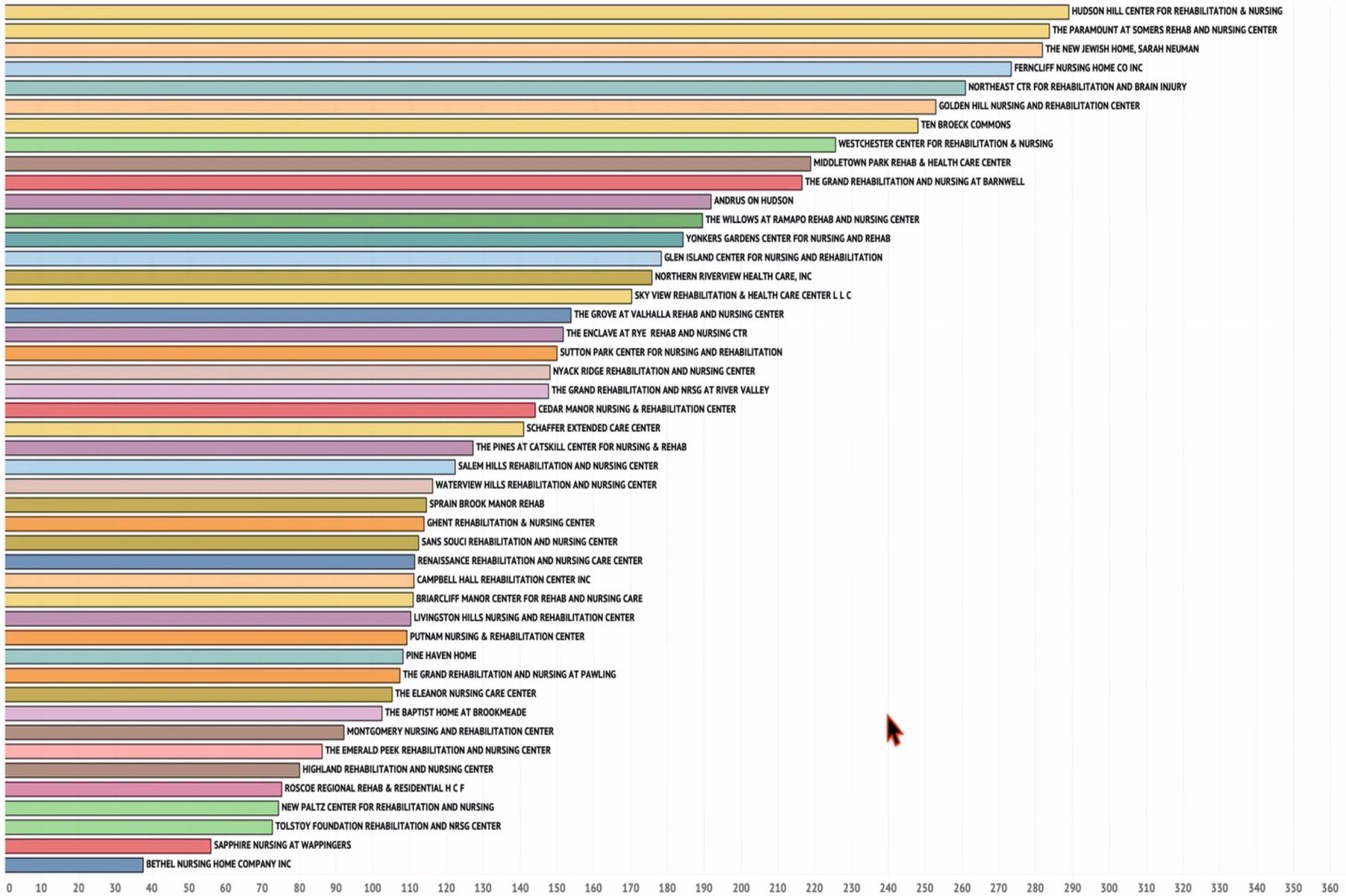
Map Color Coded by Whether Meet the NYS Minimum Staffing Requirement of 3.5 Hours per Resident per Day



Map based on Longitude and Latitude. For marks layer Distance Buffer (2): Color shows details about Meet Minimum Desired Nursing Staff?. For marks layer Distance Buffer: Color shows sum of Show Measure 1. Size shows Provider Window Count. Details are shown for various dimensions. The context is filtered on State, which keeps NY. The data is filtered on County/Parish, which keeps 9 of 1,661 members.

# + HV Nursing Homes Failing to Meet State Standard

Distribution of Residents, Facilities or Beds, Showing *Number of Residents* by: *Facility*, Ranging from 38 to 289, County: *Columbia, Dutchess, Greene and 6 more*, Desired Staff Hours Standard? *3.50*, Meet Standards or Not? *Do Not Meet Desired Nursing Staff Standard*



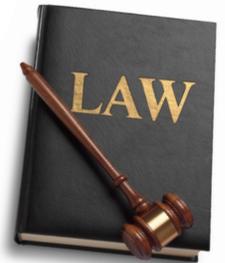


+ Hudson County Nursing Home  
Update – Part 2

**Resident Rights: When the Facility Wants  
to Discharge or Transfer a Resident**

## + Background: The Nursing Home Reform Law

- The federal law requires that every nursing home resident is provided the care and quality of life services sufficient to attain and maintain their **highest practicable physical, emotional, & psycho-social well-being**.
- The law emphasizes **individualized, patient-centered care**.
- Importantly, the law lays out specific resident rights, from **good care** and monitoring to a quality of life that maximizes **choice, dignity, & autonomy**.



## + Why Are We Concerned About Transfer & Discharge Rights?

- Inappropriate discharges from nursing homes are a widespread and persistent problem.
  
- Too many nursing homes dump residents...
  - when their Medicare benefits run out or
  - If they are perceived as “difficult” or
  - If they require more care than the facility wishes to provide.
  
- Examples of inappropriate discharges
  - Sending a resident to the hospital and then refusing to take them back, even though they still need the nursing home’s care;
  - Telling a resident who complains about call bell response time that it sounds like they don’t want to be in the facility and putting them in a taxi to their son’s house;
  - Telling a daughter that her mother has become “difficult” and she needs to take her someplace else this week.



- + Under longstanding federal rules, a resident can only be transferred or discharged if:
  - a. The transfer/discharge is necessary for the resident's welfare and needs cannot be met in the facility.
  - b. The resident's health has improved so they no longer need the facility's services.
  - c. The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
  - d. The health of others in the facility would be otherwise endangered.
  - e. The resident has failed to pay after reasonable notice.
  - f. The facility ceases to operate.



## + Additional New York State Protection

*With regard to the assurance of equal access to quality care, the facility shall establish and maintain identical policies and practices regarding transfer, discharge and the provision of all required services for all individuals regardless of source of payment.*

N.Y. Comp. Codes R. & Regs. Title 10 §415.3(i)(4)

<https://www.law.cornell.edu/regulations/new-york/10-NYCRR-415.3>

## + Documentation Requirements

A nursing home cannot just cite one of the reasons in the earlier slide and that's the end of the story.

- It must ensure that the transfer or discharge is properly documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.
- Documentation in the resident's medical record must include:
  1. The basis for the transfer....
  2. When a resident is being transferred because the facility says it cannot meet the needs of a resident,
    - the specific resident need(s) that cannot be met,
    - facility attempts to meet the resident needs, and
    - the special services available at the receiving facility to meet the need(s).

Documentation must be made by the resident's physician for reasons a. and b. and by a physician for reasons c. and d. listed on earlier slide.



## + Orientation for Transfer & Discharge

*A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.*

*This orientation must be provided in a form and manner that the resident can understand.*



## + Notice of Bed-Hold Policy

*Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies—*

- a. The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;*
- b. The reserve bed payment policy in the state plan..., if any;*
- c. The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and*
- d. The information specified in paragraph (e)(1) of this section.*

**Note:** Paragraph (e)(1) require facilities to permit residents to return to the facility immediately to the first available bed in a semi-private room.

## + Right to Appeal Transfer or Discharge

- Residents have the right to appeal a transfer or discharge decision.
- Facility must not transfer or discharge a resident while an appeal is pending.
  - **Exception:** If remaining in the facility endangers the health or safety of the resident or others, the facility must document the risk.
  - If claiming this exception, the facility must document the danger that failure to transfer or discharge would pose.
- Residents must be informed of their appeal rights in writing, including contact details for state agencies and ombudsman services.
- Resources: Residents can seek assistance from legal aid, ombudsman programs, and advocacy organizations.



## + Transfer/Discharge Notice

Before a facility transfers/discharges a resident, it **must** provide:

- a. Written notice to the resident and his/her representative in language and manner that they can understand;
- b. Record the reasons for the transfer or discharge in the resident's medical record
- c. Notice must be given at least 30 days in advance. (With very limited exceptions, such as when a resident cannot be cared for safely or is a danger to others, in which case "notice shall be given as soon as practicable before transfer or discharge" and the facility must document the danger that failure to transfer/discharge would impose.)
- d. The facility must send a copy of the notice to... the State Long-Term Care Ombudsman.



## + Required Contents of the Notice

The transfer/discharge notice **must include all of the following at the time notice is provided:**

- a. The **specific reason** for the transfer or discharge (including the basis under the six permissible reasons described earlier);
- b. The **effective date** of the transfer or discharge;
- c. The **specific location** (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged;
- d. A **statement of the resident's appeal rights**, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- e. The name, address (mailing and email) and telephone number of the Office of the **State Long-Term Care Ombudsman**.

Note: Residents with intellectual and developmental disabilities (or related disabilities) and those with a mental disorder (or related disabilities) must also receive the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with those conditions.

# + Fact Sheet 1: Essential Protections, Documentation, and Right to Appeal

## LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

### TRANSFER & DISCHARGE RIGHTS I

#### ESSENTIAL PROTECTIONS, DOCUMENTATION, & RIGHT TO APPEAL REQUIREMENTS

#### FACT SHEET

The threat of transfer or discharge from a nursing home can be stressful, frightening, and dangerous. For these reasons, there are significant federal protections that limit the circumstances under which residents can be transferred or discharged from their facility.

This fact sheet provides user-friendly information and excerpts from the federal requirements and guidance on discharge and transfer protections. **Please see our fact sheet, *Transfer & Discharge Rights II***, for information on right to return following hospitalization, discharge planning, and notice of bed-hold and transfer/discharge policies requirements. For the complete federal guidance on transfer and discharge rights, visit [nursinghome411.org/discharge](http://nursinghome411.org/discharge).

**Note:** The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.xx) and the F-tag number used when a facility is cited for failing to meet the requirement.

#### I. Transfer & Discharge Protections [42 CFR 483.15(c) F-627]

The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:

- The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.
- The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility.
- The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident.
- The health of individuals in the facility would otherwise be endangered.
- The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility.
- The facility ceases to operate.

#### II. Right to Appeal [42 CFR 483.15(c)(1)(ii) F-627]

The facility may not transfer or discharge the resident while the appeal is pending... unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose. [See <http://ltcombudsman.org/issues/transfer-discharge#what> for more information.]

#### III. Documentation Requirements [42 CFR 483.15(c)(2) F-627]

When the facility transfers or discharges a resident under any of the circumstances specified [above]..., the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.

Documentation in the resident's medical record must include:

- The basis for the transfer....
- When a resident is being transferred because the facility says it cannot meet the needs of a resident, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).

Documentation must be made by the resident's physician for reasons 1.a. and 1.b., above, and by a physician for reasons 1.c. and 1.d., above.

**NOTE:** Except in very limited circumstances, a facility must provide notice 30 days in advance of a discharge. See our fact sheet, ***Transfer & Discharge Rights II***, for detailed information on notice requirements for a facility's bed-hold, transfer and discharge policies.

#### EXAMPLES OF NON-COMPLIANCE WITH TRANSFER & DISCHARGE REQUIREMENTS

When evidence in the medical record does not support the basis for discharge, such as:

- Discharge based on an inability to meet the resident's needs, but there is no evidence of facility attempts to meet the resident's needs, or no evidence of an assessment at the time of discharge indicating what needs cannot be met;
- Discharge based on improvement of resident's health such that the services provided by the facility are no longer needed, but documentation shows the resident's health did not improve or actually declined;
- Discharge based on the endangerment of the safety or health of individuals in the facility, but there is no documentation in the resident's medical record that supports this discharge;
- Discharge based on failure to pay, however there is no evidence that the facility offered the resident to pay privately or apply for Medical Assistance or that the resident refused to pay or have paid under Medicare or Medicaid;
- Discharge occurs even though the resident appealed the discharge, the appeal is pending, and there is no documentation to support the failure to discharge would endanger the health and safety of individuals in the facility.

When evidence in the medical record shows a resident was not permitted to return following hospitalization or therapeutic leave, and there is no valid basis for discharge.

There is no evidence that the facility considered the care giver's availability, capacity, and/or capability to perform needed care to the resident following discharge.

The post-discharge plan of care did not address resident limitations in ability to care for themself.

# + Fact Sheet 2: Right to Return to Facility; Notice Requirements for Bed-Hold, Transfer and Discharge

## LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

### TRANSFER & DISCHARGE RIGHTS II RIGHT TO RETURN; NOTICE REQUIREMENTS FOR BED-HOLD, TRANSFER & DISCHARGE FACT SHEET

The threat of transfer or discharge from a nursing home can be stressful and frightening to a resident and his or her family. Our fact sheet, *Transfer & Discharge Rights I*, discusses fundamental resident protections, the right to appeal, and documentation requirements. This fact sheet presents additional useful information on resident rights. For the complete federal guidance on transfer and discharge rights, visit [nursinghome411.org/discharge](http://nursinghome411.org/discharge).

**Notes:** The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.xx) and the F-tag number used when a facility is cited for failing to meet the requirement. Emphases (bold) have been added by LTCCC.

#### I. Permitting Residents to Return to Facility [42 CFR 483.15(e)(1) F-627]

A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.

(i) A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident—

(A) Requires the services provided by the facility; and

(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.

(ii) If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) [above] as they apply to discharges.

#### II. Orientation for Transfer or Discharge [42 CFR 483.15(c) F-627]

A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.

#### III. Notice of Bed-Hold Policy [42 CFR 483.15(d) F-628]

Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies—

- The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility;
- The reserve bed payment policy in the state plan..., if any;

- The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and
- The information specified in paragraph (e)(1) of this section.

**Note:** Paragraph (e)(1) require facilities to permit residents to return to the facility immediately to the first available bed in a semi-private room.

#### IV. Notice Before Transfer or Discharge [42 CFR 483.15(c)(2) F-628]

Before a facility transfers/discharges a resident, it **must** provide:

- Written notice to the resident and his/her representative in language and manner that they can understand;
- Record the reasons for the transfer or discharge in the resident's medical record
- Notice must be given at least 30 days in advance. (With very limited exceptions, such as when a resident cannot be cared for safely or is a danger to others, in which case "notice shall be given as soon as practicable before transfer or discharge" and the facility must document the danger that failure to transfer/discharge would impose.)
- The facility must send a copy of the notice to... the State Long-Term Care Ombudsman.

#### V. Contents of the Notice [42 CFR 483.15(c)(5) F-628]

The transfer/discharge notice **must include all of the following at the time notice is provided:**

- The specific reason for the transfer or discharge, including the basis under §§483.15(c)(1)(i)(A)-(F);
- The effective date of the transfer or discharge;
- The specific location (such as the name of the new provider or description and/or address if the location is a residence) to which the resident is to be transferred or discharged;
- A statement of the resident's appeal rights, including the name, address (mailing and email), and telephone number of the entity which receives such requests; and information on how to obtain an appeal form and assistance in completing the form and submitting the appeal hearing request;
- The name, address (mailing and email) and telephone number of the Office of the State Long-Term Care Ombudsman.

**Note:** Residents with intellectual and developmental disabilities (or related disabilities) and those with a mental disorder (or related disabilities) must also receive the mailing and email address and telephone number of the agency responsible for the protection and advocacy of individuals with those conditions.

#### VI. Timing of Notice [42 CFR 483.15(c)(4) F-628]

A notice of transfer or discharge must be made by the facility at least 30 days before the resident is transferred or discharged, except under the following circumstances: (1) The safety or health of individuals in the facility would be endangered; (2) The resident's health improves sufficiently to allow a more immediate transfer or discharge; (3) Immediate transfer or discharge is required by the resident's urgent medical needs; or (4) The resident has not resided in the facility for 30 days.

# + Fact Sheet 3: Special Information for LTC Ombudsmen

## LONG TERM CARE COMMUNITY COALITION

Advancing Quality, Dignity & Justice

### TRANSFER & DISCHARGE RIGHTS III INFORMATION FOR LTC OMBUDSMEN

#### FACT SHEET

The threat of transfer or discharge from a nursing home can be dangerous, stressful, and overwhelming for residents and their families. Our fact sheets, *Transfer & Discharge Rights I* and *Transfer & Discharge Rights II*, offer information on resident rights, including protections against facility-initiated discharges, notice requirements, and more.

Given the critical role ombudsmen play in protecting residents and helping them and their families, federal rules and guidelines address the special role of the LTC Ombudsman Program in cases of transfer or discharge. **This fact sheet focuses on the rules and guidance relevant to ombudsmen and the role they have in ensuring that facilities follow transfer & discharge requirements.** For the complete federal guidance on transfer and discharge rights, visit [nursinghome411.org/discharge](https://nursinghome411.org/discharge).

**Notes:** The brackets below provide, for reference, the citation to the federal requirement (42 CFR 483.xx) and the F-tag number used when a facility is cited for failing to meet the requirement. Emphases (bold) have been added by LTCCC.

#### I. Notice Before Transfer [42 CFR 483.15(c)(2) F-628]

Before a facility transfers a resident, it must provide:

- a. Written notice to the resident and his/her representative in language and manner that they can understand;
- b. Notice must be given at least 30 days in advance. (With very limited exceptions, such as when a resident cannot be cared for safely or is a danger to others, in which case “notice shall be given as soon as practicable before transfer or discharge” and the facility must document the danger that failure to transfer/discharge would impose.)
- c. *The facility must send a copy of the notice to... the State Long-Term Care Ombudsman.*

**Important Note:** Previously, facilities were only required to send notice to the LTCOP when a discharge was initiated by the facility. Now, **all discharge notices must be sent to the LTCOP.** This is important because, too often, facilities inaccurately identify facility-initiated discharges as resident-initiated in order to avoid these important reporting requirements.

#### II. Notice of Transfer or Discharge & Ombudsman Notification [42 CFR 483.15(c)(3)]

*When a facility transfers or discharges a resident, prior to the transfer or discharge, the facility must notify the resident and the resident’s representative(s) of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand.*

**The intent of sending copies of the notice to a representative of the Office of the State LTC Ombudsman is to provide added protection to residents from being inappropriately transferred or**

Except in an emergency situation...

1. The discharge notice must be sent to the LTCOP at the same time it is provided to the resident.
2. Notices must be given at least 30 days in advance.

**discharged, provide residents with access to an advocate who can inform them of their options and rights, and to ensure that the Office of the State LTC Ombudsman is aware of facility practices and activities related to transfers and discharges.**

*The facility must maintain evidence that the notice was sent to the Ombudsman. While Ombudsman Programs vary from state to state, facilities should know the process for ombudsman notification in their state. In situations where the facility has decided to discharge the resident while the resident is still hospitalized, the facility must send a notice of discharge to the resident and resident representative before the discharge, and must also send a copy of the discharge notice to a representative of the Office of the State LTC Ombudsman. **Notice to the Office of the State LTC Ombudsman must occur at the same time the notice of discharge is provided to the resident and resident representative, even though, at the time of initial emergency transfer, sending a copy of the transfer notice to the ombudsman only needed to occur as soon as practicable.** [Emphases added.]*

#### III. Discharge Planning [§42 CFR 483.21(c)(1)]

**Discharge planning must include procedures for “[d]ocumentation of referrals to local contact agencies, the local ombudsman, or other appropriate entities made for this purpose... [and] [d]ocumentation of the response to referrals.”**

#### IV. Investigative Procedure for State Surveyors

*Investigating noncompliance with the transfer and discharge requirements begins when conducting offsite preparation. **The team coordinator (TC) should contact the local ombudsman and inquire if there are specific residents from whom the ombudsman has received complaints related to inappropriate discharges for review....***

**Use Offsite Preparation information from the Ombudsman to identify residents or resident representatives (for residents already discharged) who may have concerns with inappropriate discharges.** For any residents with concerns, briefly review the most recent comprehensive assessment, comprehensive care plan (specifically the discharge care plan), progress notes, and orders to:

- Identify the basis for the transfer or discharge,
- Determine whether the facility has identified and addressed the resident’s goals and discharge needs;
- Determine if the resident was appropriately oriented, prepared, and understood the information provided to him or her.

*During this review, identify the extent to which the facility has developed and implemented interventions in accordance with the resident’s needs, goals for care and professional standards of practice. This information will guide observations and interviews to be made in order to corroborate concerns identified.*

**Emergency Transfers**—When a resident is temporarily transferred on an emergency basis to an acute care facility a notice of transfer must be provided to the resident and resident representative as soon as practicable before the transfer, according to 42 CFR §483.15(c)(4)(ii)(D). **Copies of notices for emergency transfers must also still be sent to the ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices at §483.15(c)(5).**

The screenshot shows the website's header with the Long Term Care Community Coalition logo, social media icons, a search bar, and a navigation menu. The main content area features a title, a breadcrumb trail, and a list of resource links.

**LONG TERM CARE COMMUNITY COALITION**

f @ y in p X DONATE Search...

Who We Are ▾ Learning Center ▾ Data Center ▾ Our Work ▾ LTC in NY ▾

## Inappropriate Transfer or Discharge of Nursing Home Residents

Home » Inappropriate Transfer or Discharge of Nursing Home Residents

< Previous Next >

### Inappropriate Transfer or Discharge of Nursing Home Residents

The inappropriate transfer or discharge of nursing home residents has been a longstanding concern for residents, their families, and policymakers. Far too often, residents are pushed out of their nursing home – which is their home – for inappropriate and illegal reasons. This can have a devastating impact on the resident and their family.

To address this problem, the Centers for Medicare & Medicaid Services (CMS) has developed strong protections to ensure that residents are not inappropriately discharged and that, when faced with a facility-initiated discharge, they have a right to 30 days' notice (except in emergency situations), access to assistance from the LTC Ombudsman Program, and the ability to appeal the discharge. See our [Fact Sheet: Nursing Home Transfer & Discharge Rights](#) for a useful summary of the federal rules and practical information for residents, families, and those who work with them.

- LTCCC FACT SHEET: NURSING HOME TRANSFER & DISCHARGE RIGHTS I
- LTCCC FACT SHEET: NURSING HOME TRANSFER & DISCHARGE RIGHTS II
- LTCCC FACT SHEET: TRANSFER & DISCHARGE RIGHTS III – INFO FOR LTC OMBUDSMEN
- FEDERAL GUIDANCE: TRANSFER & DISCHARGE
- APRIL 4, 2024 ALERT: NEW FEDERAL REPORTS RAISE ALARMS ABOUT FUNDAMENTAL NURSING HOME RESIDENT RIGHTS
- TRANSFER/DISCHARGE NOTICE VIOLATIONS – SPRING 2024
- OIG: CONCERNS REMAIN ABOUT SAFEGUARDS TO PROTECT RESIDENTS DURING FACILITY-INITIATED DISCHARGES FROM NURSING HOMES
- OIG: NURSING HOME RESIDENTS WITH ENDANGERING BEHAVIORS AND MENTAL HEALTH DISORDERS MAY BE VULNERABLE TO FACILITY-INITIATED DISCHARGES
- 2022 LTCCC WEBINAR: INVOLUNTARY NURSING HOME DISCHARGES



# Thank You For Joining Us Today!

Next Program: August 14 at 11am

## Agenda:

1. Hudson Valley Data Update

2. Resident Rights: What to do When Abuse or Neglect are Suspected

Email [info@ltccc.org](mailto:info@ltccc.org)...

If you would like to suggest a topic for a future program.

Join our list-serve community, open only to residents, families, LTC Ombudsmen and advocates in NY State.

You can also...

Visit us on the **Web** at [www.nursinghome411.org](http://www.nursinghome411.org).

Join us on **Facebook** at [www.facebook.com/ltccc](http://www.facebook.com/ltccc).

Follow us on **Twitter** at [www.twitter.com/LTCconsumer](http://www.twitter.com/LTCconsumer).

Follow us on **Instagram** at [www.instagram.com/ltccoalition/](http://www.instagram.com/ltccoalition/)

Thank you to the Dyson Foundation & Field Hall Foundation for supporting these programs!