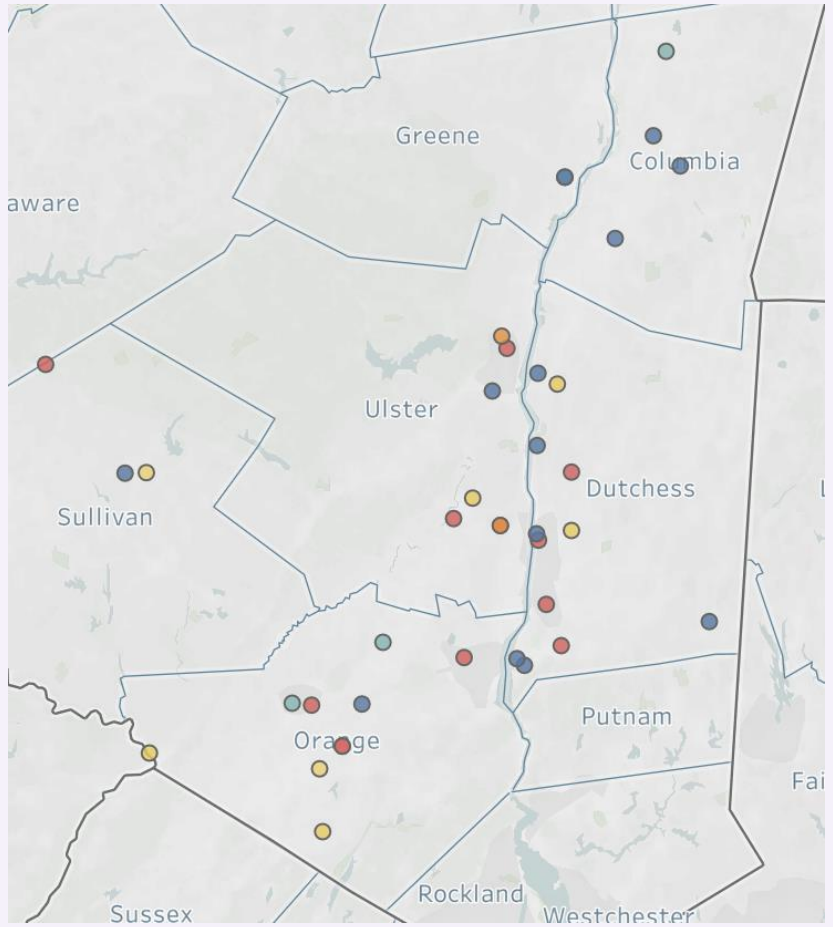
Hudson Valley Nursing Home Update: October 2026

Data Update & Nursing Home Citations & Penalties: What Do They Mean?



Hayley Cronquist, Associate Director
Long Term Care Community Coalition

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About LTCCC

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.

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Think in systems …
and *Use the Damn Data*

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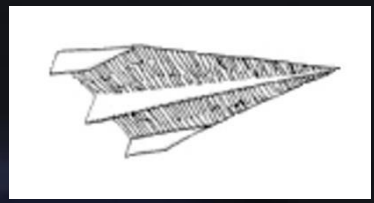
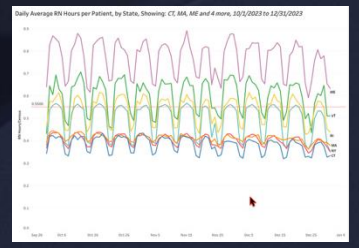
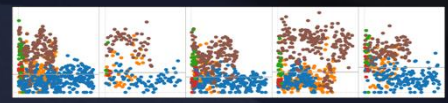
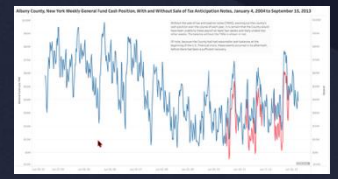



Today’s program

01 Regional staffing and provider data

02 Citations, severity levels, and penalties

03 Risk-based surveys and opportunities for input

04 Questions and discussion

The region and the data periods

01 Columbia, Dutchess, Greene, Orange, Sullivan, and Ulster

02 37 homes in the current regional files

03 Staffing: Q1 2026 (January–March 2026)

04 Provider update: published October 2026

Why Data Are Important

- Reveal patterns that individual experiences may not show
- Help us ask specific questions about staffing, care, and safety
- Support resident and family advocacy with documented information
- Help us track whether problems recur and improvements last

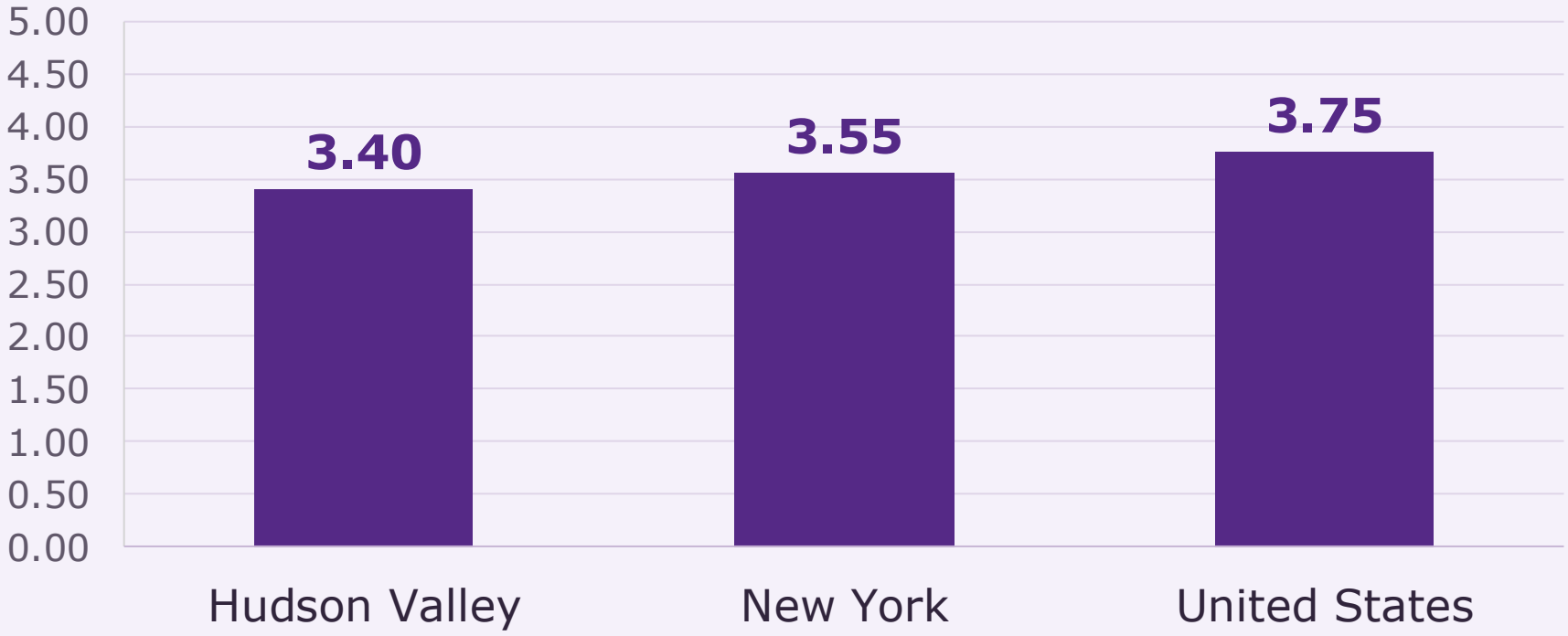
The numbers are a starting point. Residents' experiences give them meaning.

Exploring the Data at nursinghome411.org

PROVNAME	CITY	COUNTY_NAME	MDScensus	Total Nurse Staff HPRD	Nursing Case-Mix Index	Expected Total Nurse Staff HPRD	% Deviation From Total Expected Nurse HPRD
ACHIEVE REHAB AND NURSING FACILITY	LIBERTY	Sullivan	132.22	3.33	1.48	5.12	-34.9%
CAMPBELL HALL REHABILITATION CENTER INC	CAMPBELL HA	Orange	111.19	3.03	1.46	5.08	-40.3%
FERNCLIFF NURSING HOME CO INC	RHINEBECK	Dutchess	224.50	3.25	1.19	4.69	-30.8%
FISHKILL CENTER FOR REHABILITATION AND NURSING	BEACON	Dutchess	153.27	3.43	1.56	5.22	-34.3%
GHENT REHABILITATION & NURSING CENTER	GHENT	Columbia	113.63	3.43	1.12	4.58	-25.1%
GOLDEN HILL NURSING AND REHABILITATION CENTER	KINGSTON	Ulster	268.90	3.22	1.51	5.15	-37.6%
GREENE MEADOWS NURSING AND REHABILITATION CENTER	CATSKILL	Greene	113.80	3.95	1.32	4.89	-19.2%
HIGHLAND REHABILITATION AND NURSING CENTER	MIDDLETOWN	Orange	89.92	3.44	1.37	4.96	-30.7%
HUDSON VALLEY REHABILITATION & EXTENDED CARE CTR	HIGHLAND	Ulster	125.67	3.39	1.31	4.87	-30.4%
LIVINGSTON HILLS NURSING AND REHABILITATION CENTER	LIVINGSTON	Columbia	110.07	1.85	1.19	4.69	-60.5%
LUTHERAN CENTER AT POUGHKEEPSIE INC	POUGHKEEPS	Dutchess	142.14	4.06	1.24	4.77	-15.0%
MIDDLETOWN PARK REHAB & HEALTH CARE CENTER	MIDDLETOWN	Orange	222.77	3.34	1.55	5.21	-35.9%
MONTGOMERY NURSING AND REHABILITATION CENTER	MONTGOMER	Orange	91.81	3.07	1.55	5.21	-41.0%
NEW PALTZ CENTER FOR REHABILITATION AND NURSING	NEW PALTZ	Ulster	74.38	3.53	1.48	5.12	-31.1%
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	Ulster	268.60	3.64	1.30	4.86	-25.1%
PINE HAVEN HOME	PHILMONT	Columbia	117.38	2.57	1.38	4.97	-48.3%
RENAISSANCE REHABILITATION AND NURSING CARE CENTER	STAATSBURG	Dutchess	105.74	2.10	1.33	4.91	-57.2%
ROSCOE REGIONAL REHAB & RESIDENTIAL H C F	ROSCOE	Sullivan	71.72	3.36	1.23	4.76	-29.5%
SAPPHIRE NURSING AND REHAB AT GOSHEN	GOSHEN	Orange	110.92	3.81	1.68	5.38	-29.2%
SAPPHIRE NURSING AT MEADOW HILL	NEWBURGH	Orange	183.99	3.38	1.55	5.21	-35.1%
SAPPHIRE NURSING AT WAPPINGERS	WAPPINGERS	Dutchess	56.89	3.24	1.60	5.27	-38.5%
SCHERVIER PAVILION	WARWICK	Orange	63.37	3.84	1.32	4.89	-21.5%
ST JOSEPHS PLACE	PORT JERVIS	Orange	39.49	3.86	1.41	5.02	-23.2%
SULLIVAN COUNTY ADULT CARE CENTER	LIBERTY	Sullivan	113.61	4.11	1.52	5.16	-20.4%

REGIONAL DATA

Hudson Valley staffing trails state and U.S. averages



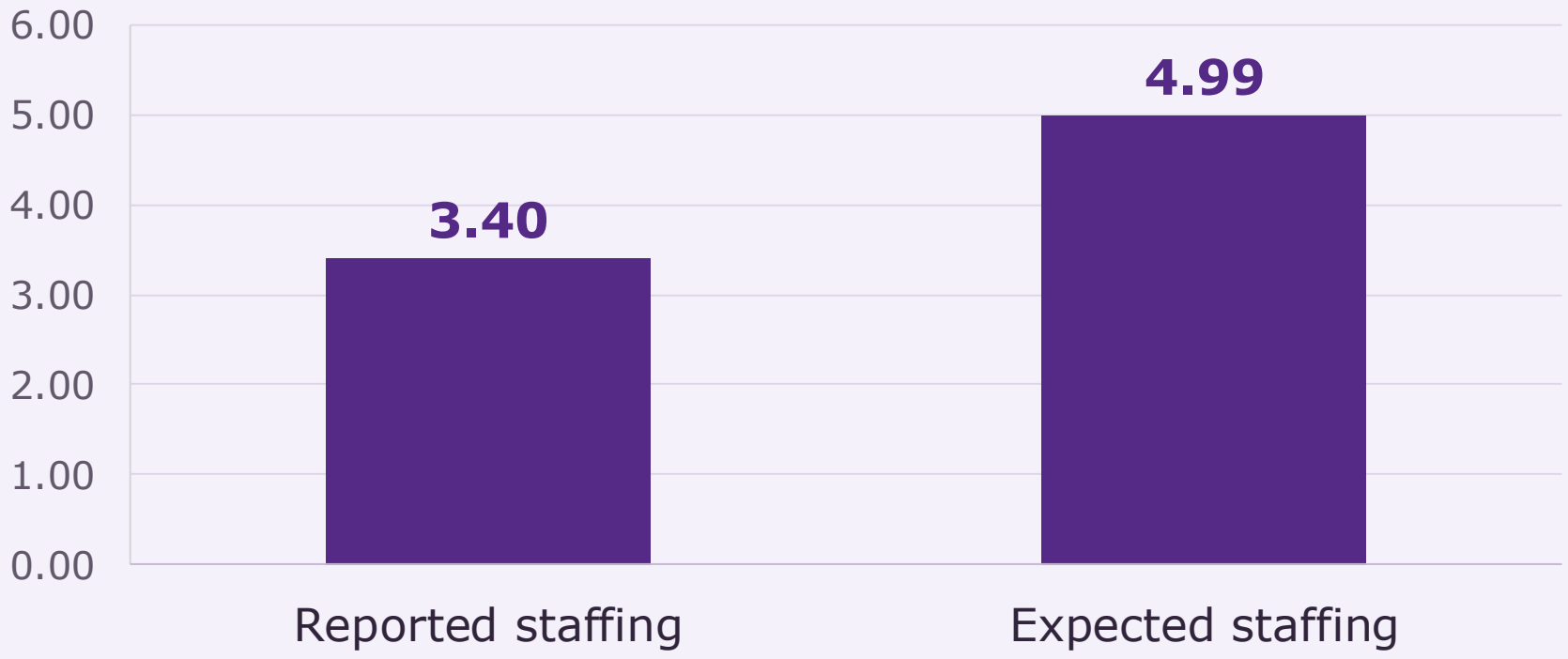
0.55

RN hours per resident day in Hudson Valley

Q1 2026. Total nurse staff HPRD includes nursing administration. Equal-weight facility averages.

REGIONAL DATA

36 of 37 homes fell below expected staffing



36 / 37

homes below their expected staffing

≈32%

Q1 2026. Expected staffing estimates resident care needs; it is an analytical benchmark.

REGIONAL DATA

Staffing varies across the six counties

County	Homes	Total nurse staff HPRD
Columbia	4	2.60
Dutchess	12	3.30
Greene	2	3.55
Orange	9	3.52
Sullivan	3	3.60
Ulster	7	3.77

Q1 2026. Includes nursing administration. Equal-weight facility averages.

Hudson Valley Ratings & Provider Information

County	Homes	1 star	SFF candidates	Abuse icon
Columbia	4	2	2	0
Dutchess	12	2	1	3
Greene	2	0	0	0
Orange	9	3	1	2
Sullivan	3	1	0	0
Ulster	7	2	0	1
TOTAL	**37**	**10**	**4**	**6**

CMS release: October 8, 2026. Groups overlap. Provider file includes 37 homes.

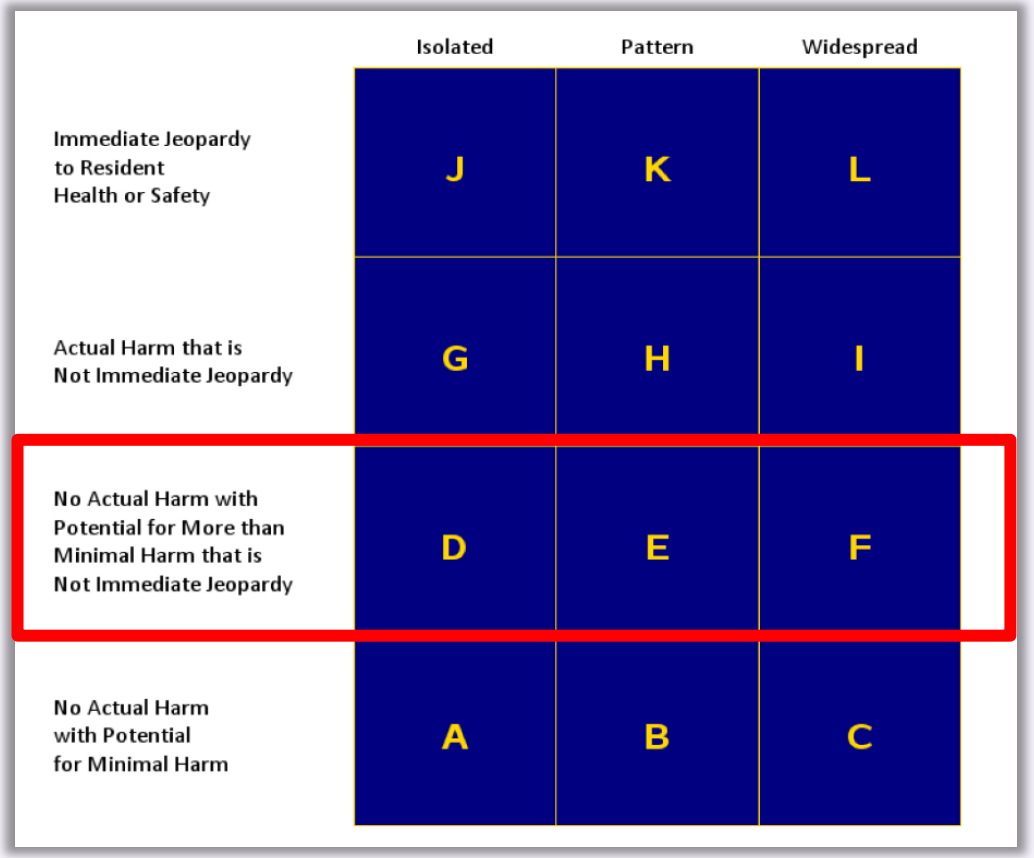
Resource: LTCCC Ratings & Info

Survey, Citation, and Penalty

- **Survey:** an inspection or investigation
- **Citation:** a finding that the home failed a requirement
- **Penalty:** an enforcement consequence
- A citation does not automatically equal a fine.

The Parts of an Inspection Finding

- **F-tag:** identifies the federal requirement
- **Scope and severity:** describes extent and seriousness
- **Narrative:** explains the evidence and what happened
- **Plan of correction:** explains how the home proposes to fix it



Hudson Valley Health Citations by County

County	Homes with records	Health citations
Columbia	4	155
Dutchess	12	298
Greene	2	26
Orange	10	166
Sullivan	3	50
Ulster	7	165
TOTAL	**38**	**860**

Understanding Scope & Severity

Severity	Isolated	Pattern	Widespread
Immediate jeopardy	J	K	L
Actual harm, without immediate jeopardy	G	H	I
No actual harm; potential for more than minimal harm (not IJ)	D	E	F
No actual harm; potential for minimal harm	A	B	C

F-tag identifies the requirement. A–L identifies scope and severity.

How Did Surveyors Classify the Citations?

County	All citations	Actual harm G–I	Immediate jeopardy J–L
Columbia	155	3	3
Dutchess	298	7	2
Greene	26	1	0
Orange	166	5	1
Sullivan	50	2	1
Ulster	165	4	1
TOTAL	**860**	**22**	**8**

Survey dates: September 1, 2023–August 31, 2026. Classifications do not measure the true rate of resident harm.

Resource: LTCCC Elder Justice Newsletter: real inspection examples

What "No Actual Harm" Means

- D–F citations still identify a failure to meet a requirement.
- Surveyors did not classify the finding as actual harm or immediate jeopardy.
- Resident distress and loss of dignity deserve attention.
- The narrative may tell you more than the label.

Nursing Home Penalties: What Do They Mean?

- **Civil money penalties:** fines against the facility
- **Payment denials:** limits on Medicare or Medicaid payment
- Other remedies include directed correction or training, monitoring, and temporary management.
- Termination of the provider agreement is also possible.

Hudson Valley Federal Penalties by County

County	Fines	Fine dollars	Payment denials
Columbia	6	$283,432	1
Dutchess	3	$187,976	1
Greene	1	$13,247	0
Orange	16	$257,267	1
Sullivan	1	$9,620	0
Ulster	5	$51,482	0
TOTAL	**32**	**$803,024**	**3**

CMS penalty dates: September 1, 2023–August 31, 2026. Penalty date is the triggering inspection date, not necessarily the date of the fine.

Resource: LTCCC penalty data

A Closer Look: Hudson Valley Penalties

Provider Name	City/Town	Penalty Date	Penalty Type	Fine Amount
Fishkill Center for Rehabilitation and Nursing	Beacon	1/11/24	Fine	$44,500.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	1/2/24	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	11/20/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	11/13/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	11/6/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	10/30/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	10/23/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	10/17/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	10/10/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	10/2/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	9/25/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	9/18/23	Fine	$4,587.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	1/8/24	Fine	$4,938.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	7/22/24	Fine	$10,527.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	12/11/23	Fine	$13,635.00
Campbell Hall Rehabilitation Center Inc	Campbell Hall	12/22/24	Fine	$69,664.00
THE PINES AT CATSKILL CENTER FOR NURSING & REHAB	CATSKILL	7/3/25	Fine	$13,247.00
GHENT REHABILITATION & NURSING CENTER	GHENT	6/15/26	Fine	$13,065.00
Glen Arden Inc	Goshen	7/2/24	Fine	$108,046.00
Glen Arden Inc	Goshen	7/2/24	Payment Denial	
Taconic Rehabilitation And Nursing At Ulster	Highland	3/12/25	Fine	$12,948.00
THE ELEANOR NURSING CARE CENTER	HYDE PARK	9/17/24	Fine	$132,957.00
NORTHEAST CTR FOR REHABILITATION AND BRAIN INJURY	LAKE KATRINE	11/21/24	Fine	$25,435.00

Selected CMS penalty records. Snapshot shows only part of the regional list.

Correction and Follow-Up

- What changed for the affected resident?
- What changed for other residents at similar risk?
- Who checks the change, and how often?
- Has the problem returned?

CMS's Risk-Based Survey: What Changed?

- RBS began nationally on September 8, 2026 for qualifying homes.
- CMS uses a smaller resident sample, fewer survey activities, and fewer surveyors, with roughly half the onsite time.
- CMS's goal is to redirect limited survey resources to higher-risk homes and complaints.
- LTCCC is concerned that a narrower review may miss important problems. Care requirements and complaint-investigation duties continue.

Resource: LTCCC RBS Ombudsman Guide

RBS in the Hudson Valley

- One home in Ombudsman Region 5 currently has CMS's high-performing icon: Sapphire Nursing and Rehab at Goshen, Orange County.
- Qualification can change, and additional homes may qualify in the future.
- The icon indicates RBS eligibility. It does not establish that a particular survey used RBS.
- CMS's revised memo moved the public icon's start date to October 8, 2026.

RBS: Facility Tasks and Resident Concerns

- Infection control is the only mandatory facility task under the RBS procedure guide.
- Other tasks depend on identified concerns, including staffing, dining, medication administration, environment, resident council, and resident assessment.
- Ombudsman concerns, complaints, resident information, and surveyor observations can trigger relevant review.
- The State or CMS may require the full survey process when resident health or safety concerns warrant it.

Ombudsman Input During an RBS

- The RBS guide directs surveyors to contact the Ombudsman Program during offsite preparation and identify its concerns.
- Prepare patterns since the last survey, including concerns that recurred after the home said it corrected them.
- Describe dates, units or shifts, frequency, resident impact, and possible corroborating records or observations.
- Follow resident consent, confidentiality, and State Program procedures before disclosing identifying information.

Ombudsman Input During Surveys Generally

- The standard LTCSP guide also directs surveyors to contact the Ombudsman Program under State communication policy.
- Surveyors should notify the program of the proposed entrance day and obtain available concerns.
- The guide asks whether the ombudsman can attend a resident council interview if residents want that support.
- Resident council concerns and meeting minutes can identify unresolved problems. Resident wishes and confidentiality still govern participation.

Residents & Families: Providing Survey Feedback

- Tell surveyors what daily care is like. Ask how to speak privately.
- Describe what happened, when, how often, and the effect on the resident. Distinguish observations from information others reported.
- Explain privacy or retaliation concerns and request appropriate precautions.
- Current unsafe care does not have to wait for a regular survey. The ombudsman and NYS DOH have different roles in addressing concerns.

Facility Assessment [42 CFR 483.71]

- The facility assessment identifies the resources necessary to care for the resident population competently, including nights, weekends, and emergencies.
- The home must review it at least annually and update it when changes require substantial modification.

"The facility must also solicit and consider input received from residents, resident representatives, and family members."

42 CFR 483.71(b)(1)(iii)

Resident & Family Input Into the Facility Assessment

- Ask how the home solicits input and when it will next review the assessment.
- Describe unmet care needs and the times they occur, rather than only requesting a particular headcount.
- **Example:** "Residents need help eating on the evening shift, but assistance is repeatedly delayed. How does the assessment address this need?"
- Ask what will change and how the facility will check whether the change works. Do not delay action on current unsafe care.

Resident Councils, Family Councils & Grievances

- Residents can raise grievances without discrimination or reprisal and can request a written grievance decision.
- The home must consider council views and act promptly on grievances and recommendations about resident care and life.
- The facility must be able to demonstrate its response and rationale. It does not have to implement every recommendation exactly as proposed.
- Written requests and follow-up records help a council track whether the home addressed a recurring concern.

Access to Survey Reports [42 CFR 483.10(g)]

- Residents have the right to examine the most recent survey results and any plan of correction in effect.
- The facility must post the most recent survey results where residents and families can readily access them.
- Reports covering surveys, certifications, and complaint investigations during the preceding three years must be available to any individual upon request.
- Reports must protect resident and complainant identifying information.

Resource: LTCCC's RBS Guide for Ombudsmen

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LTCCC Guide: Responding to Questions About CMS's Risk-Based Surveys

A Practical Guide for Long-Term Care Ombudsmen

Effective dates: CMS began using the Risk-Based Survey (RBS) process on September 8, 2026. CMS plans to begin publicly identifying qualifying facilities on Care Compare and in the Provider Data Catalog on September 30, 2026.

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1. What is the Risk-Based Survey?

The Risk-Based Survey (RBS) is a modified version of the standard Long-Term Care Survey Process. According to CMS, it is being implemented to address the problem in delays in both state surveys (which are required to be conducted on an average of once per year, but are often conducted much less frequency) and responses to complaints about resident neglect, abuse, and substandard care. It is intended for a limited group of nursing homes that CMS identifies as low-risk based on indicators like overall and staffing star ratings and inspection history. CMS estimates that about 12% of nursing homes nationwide will qualify for the RBS.

LTCCC and other advocates and experts are concerned about the RBS for numerous reasons. The criteria selected by CMS do not provide a validated basis for identifying so-called low-risk/high-performing nursing homes. Studies have shown that nursing home ratings systems are

	identify patterns involving low nurse staffing, weekend staffing, turnover, and reported medical director, therapy, or activities staff time, as applicable.
"Did the facility resolve it?"	Describe both the facility's stated response and the observed result. Note recurrence, incomplete remedies, failure to involve the resident, or any continuing risk.
"What records should we review?"	Point to records that could corroborate or disprove the concern, including staffing data. Focus surveyors on relevant dates, units, residents, staff roles, and inconsistencies rather than offering a broad document list.
"Can we use the resident's or complainant's name?"	Apply state Ombudsman Program policy and federal disclosure requirements. Do not release resident- or complainant-identifying information merely because a surveyor requests it; obtain and document the required consent or use the applicable authorized process.
"Will you attend the Resident Council interview or exit conference?"	Attend when feasible and consistent with program policy. Resident Council participation depends on the council president's approval. Preserve residents' control of their meeting and avoid speaking for residents when they can speak for themselves.

5. Quick Preparation Checklist

- ☐ Confirm which facility and survey type the caller is discussing.
- ☐ Review facility contacts, visits, complaint themes, and unresolved issues since the facility's last survey.
- ☐ To the extent possible, organize concerns by issue, resident impact, date, location, shift, frequency, and status.
- ☐ Identify potential corroborating data, interviews, records, or observations.
- ☐ Check consent and disclosure authority before sharing identifying information.
- ☐ Consider whether there are staffing concerns (including care and dignity concerns often related to insufficient or poorly trained staff).

Resource: Facility Assessment Requirements

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REQUIREMENTS FOR FACILITY ASSESSMENTS
FACT SHEET

Federal rules require that nursing homes conduct facility assessments to ensure that they have the resources, including sufficient staff with the appropriate skills and competencies, to meet the needs of their residents based on each individual's acuity, care needs, and goals. In carrying out these assessments, nursing homes must solicit and consider input from residents and family members.

Note: Information below is directly quoted or paraphrased from the Code of Federal Regulations (CFR) or federal guidance. Federal standards are applicable to all residents in licensed U.S. nursing homes, including short-term, long-term, private pay, Medicaid, Medicare, or privately insured.

Facility Assessment [42 C.F.R. § 483.71(b) F838]

The facility must conduct and document a facility-wide assessment to determine what resources are necessary to care for its residents competently during both day-to-day operations (including nights and weekends) and emergencies. The facility must review and update that assessment, as necessary, and at least annually. The facility must also review and update this assessment whenever there is, or the facility plans for, any change that would require a substantial modification to any part of this assessment.

I. The facility assessment must address or include the following:

(1) The facility's resident population, including, but not limited to:

- Both the number of residents and the facility's resident capacity;
- The care required by the resident population, using evidence-based, data-driven methods that consider the types of diseases, conditions, physical and behavioral health needs, cognitive disabilities, overall acuity, and other pertinent facts that are present within that population, consistent with and informed by individual resident assessments;
- The staff competencies and skill sets that are necessary to provide the level and types of care needed for the resident population;
- The physical environment, equipment, services, and other physical plant considerations that are necessary to care for this population; and
- Any ethnic, cultural, or religious factors that may potentially affect the care provided by the facility, including, but not limited to, activities and food and nutrition services.

(2) The facility's resources, including but not limited to the following:

- All buildings and/or other physical structures and vehicles;
- Equipment (medical and non-medical);

- Services provided, such as physical therapy, pharmacy, behavioral health, and specific rehabilitation therapies;
- All personnel, including managers, nursing and other direct care staff (both employees and those who provide services under contract), and volunteers, as well as their education and/or training and any competencies related to resident care;
- Contracts, memorandums of understanding, or other agreements with third parties to provide services or equipment to the facility during both normal operations and emergencies; and
- Health information technology resources, such as systems for electronically managing patient records and electronically sharing information with other organizations.

(3) A facility-based and community-based risk assessment, utilizing an all-hazards approach.

II. In conducting the facility assessment, the facility must ensure active involvement of the following participants in the process:

- Nursing home leadership and management, including but not limited to, a member of the governing body, the medical director, an administrator, and the director of nursing; and
- Direct care staff, including but not limited to, RNs, LPNs/LVNs, NAs, and the representatives of the direct care staff, if applicable.
- The facility must also solicit and consider input received from residents, resident representatives, and family members.

III. The facility must use this facility assessment to:

- Inform staffing decisions to ensure that there are a sufficient number of staff with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through resident assessments and plans of care as required in § 483.35(a)(3).
- Consider specific staffing needs for each resident unit in the facility and adjust as necessary based on changes to its resident population.
- Consider specific staffing needs for each shift, such as day, evening, night, and adjust as necessary based on any changes to its resident population.
- Develop and maintain a plan to maximize recruitment and retention of direct care staff.
- Inform contingency planning for events that do not require activation of the facility's emergency plan, but do have the potential to affect resident care, such as, but not limited to, the availability of direct care nurse staffing or other resources needed for resident care.

For more information on calculating expected staffing levels to meet the basic needs of residents, visit https://nursinghome411.org/nurse-rating-methodology/.

To find actual and expected staffing levels for nursing homes in your community, visit https://nursinghome411.org/data/staffing/.

For information on resident assessment & care planning requirements (the bases for identifying sufficient staffing), visit https://nursinghome411.org/facts-resident-assess-plan/.

Additional Resources & Help

- **LTCCC:** www.nursinghome411.org. Hudson Valley programs, Ratings & Info, fact sheets, and the Guide to Oversight & Enforcement.
- **Hudson Valley Ombudsman:** 845-229-4680 ext. 2.
- **NYS DOH nursing home complaints:** 1-888-201-4563, or the online complaint form. Staff answer during business hours; voicemail is available after hours.
- **Immediate emergency:** 911.

Thank You for Joining Us Today!

Next Program: December 17 at 11 a.m.

- **December topic:** The Accountability Gap: Hudson Valley Findings
- **Free resources to use and share:** www.nursinghome411.org
- Use the data to ask specific questions and keep the resident's experience central.
- Thank you to the Dyson Foundation for supporting the program.