

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 335238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER The Valley View Center for Nursing Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 2 Glenmere Cove Rd Goshen, NY 10924	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observations, record review and interviews conducted during the Abbreviated Surveys (NY00342238 and NY00364422), the facility did not ensure that residents had the right to a dignified existence by promoting resident independence and dignity while dining for 1(Resident #6) of 3 residents observed for residents' rights. Specifically, Licensed Practical Nurse #7 was observed standing over Resident #6 while assisting them to eat their dinner.</p> <p>The findings are.</p> <p>The facility's policy titled residents rights dated 2/5/2021 documented resident have a right to dignified experience and be treated with respect, kindness, and dignity.</p> <p>Resident #7 was admitted with diagnoses including but not limited to Alzheimer's disease with late onset hemiplegia and hemiparesis, and dysphagia.</p> <p>The 3/23/25 Quarterly Minimum Data Set(MDS-an assessment tool) documented that Resident #6 had severely impaired cognition, and dependent with eating.</p> <p>On 5/14/25 at 6:01 pm, Licensed Practical Nurse #6 was observed standing over Resident #6 while assisting them to eat their dinner.</p> <p>During an interview on 5/14/25 at 6:05 PM, Licensed Practical Nurse #6 stated that they know that while assisting residents with their meals, they should be sitting down and at eye level, but they are the only nurse on the floor and must be in the dining room, and they wanted to make sure all the Residents eat and it's easier to stand up so that they can go back and forth between the residents.</p> <p>During an interview on 5/14/25 at 6:15 PM, the Director of Nursing stated that staff should not be standing up while assisting Residents with their meals, and they have the right to have a comfortable dining experience.</p> <p>10 NYCRR 415.3(d)(1)(i)</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: 335238
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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>Based on observations, record review and interviews conducted during the Abbreviated Surveys (NY00342238 and NY00364422), the facility did not ensure that there was sufficient nursing staff to attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident. Specifically, 1) The facility did not provide adequate staffing to meet the needs of the residents, and as per their Facility assessment dated 6/2018 and revised on 4/9/2025; 2) Upon review of the nursing staffing schedule on 6/2/2024 (3pm-11pm), there were a total of 27 Certified Nurse Aides and a total of 5 Licensed Practical Nurses in the facility and the Facility Assessment documented that there must be 29-32 Certified Nurse Aides and 6-9 Licensed Practical Nurses in the building on the evening shift; 3) On 12/8/2024(11pm-7am), there were a total of 21 Certified Nurses' Aides, and one nurse covered 2 units in which the Facility Assessment does not indicate that one nurse should cover more than one unit; 4) On 2/9/2025(3pm-11pm shift), there were a total of 24 Certified Nurse Aides and a total 4 Licensed Practical Nurses in the facility and the Facility assessment dated 6/2018 and revised on 4/9/2025 documented that there must be 29-32 Certified Nurse Aides and 6-9 Licensed Practical Nurses in the building on the evening shift; 5) On 2/15/2025(11pm-7am shift)), there were a total of 14 Certified Nurse Aides and a total of 3 Licensed Practical Nurses in the facility and the Facility assessment dated 6/2018 and revised on 4/9/25 documented that there must be 18-22 Certified Nurse Aides and 6-8 Licensed Practical Nurses in the building on the night shift. Additionally, due to insufficient staffing on 6/2/2024, 2/9/2025, and 2/15/2025, 41 Residents did not receive their medications which included but not limited to antibiotics, anticoagulants, insulins, and psychotropics.</p> <p>The Findings are:</p> <p>Review of the Facility-Wide assessment dated 6/2018 and revised on 4/9/2025 that did not have a signature of approval and did not have a date that it was reviewed by the Quality Assurance Agency/Quality Assurance and Performance Improvement documented nursing staff as follows: Certified Nurse Aides - Total number needed or average or range per day on days and evening shifts for the facility was 29-32 Certified Nurse Aides, and on night shift 18-22 Certified Nurse Aides. Licensed Practical Nurses- Total number needed or average or range per day on days and evening shifts for the facility was 6-9 Licensed Practical Nurses, 6-8 Licensed Practical Nurses on the night shift.</p> <p>Upon review of the staffing schedule dated 6/2/2024, there were a total of 27 Certified Nurse Aides and a total of 5 Licensed Practical Nurses in the facility on the evening shift.</p> <p>Upon review of the staffing schedule dated 2/9/2025, there were a total of 24 Certified Nurse Aides and a total 4 Licensed Practical Nurses in the facility on the evening shift.</p> <p>Upon review of the staffing schedule dated 2/15/2025, there were a total of 14 Certified Nurse Aides in the facility and a total of 3 Licensed Practical Nurses on the night shift.</p> <p>During an interview on 4/10/2025 at 10:38 am, Resident #1 stated that due to insufficient staffing, there has been multiple occurrences where there was no nurse on their unit to pass medications, and they did not receive their medications. Resident #1 stated that they have mentioned to administration numerous times and has mentioned it during Resident council meetings.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/10/2025 at 12:41 pm, Resident #60 stated that they recall a time where the nurse on their unit left the unit to go to another floor and they did not have a nurse. Resident #60 stated that they have not experienced getting medications but know of other Residents who did not get their medications.</p> <p>During an interview on 5/28/2025 at 12:52 pm, Certified Nurse Aide #10 stated that staffing is bad and that somedays it is not enough staff, and it is difficult to provide good care to the Residents.</p> <p>During an interview on 4/10/2025 at 1:35 pm, Licensed Practical Nurse # 11 stated that they there have been times that there were not enough nurses on the overnight shift and must split units, that nurses splitting units happens very often where two nurses would split 3 units, and that sometimes there is only one nurse for three units. Licensed Practical Nurse #11 stated that they get asked to do overtime every single day, and that the mandating list moves quickly and can work back to back and would work a double shift and gets mandated on the weekend due to inadequate staffing. Licensed Practical Nurse stated that sometimes it can be 1 Nurse passing medications to 40 Residents on some units.</p> <p>During an interview on 01/29/2025 at 08:29 AM, the Staffing Coordinator stated that they were unaware that the facility assessment indicated that the minimum amount of Certified Nurse Aide that can work on the night shift was 3. The Staffing Coordinator stated that although it is difficult and the units are heavy, the units can operate with only 2 Certified Nurse Aides. The Staffing Coordinator reviewed the schedules for 12/23/2024, 12/29/2024, 1/5/2025, and 1/18/2025, and confirmed that as per the facility assessment, the units were inadequately staff and did not meet the minimum requirements for staffing.</p> <p>During an interview on 4/10/2025 at 1:41 pm, Registered Nurse Care Manager #6 stated that they have complained to Nursing and Administration about staffing. Registered Nurse Care Manager #6 stated that on the weekdays and the weekends, they must be nursing supervisor and pass medications. Registered Nurse Care Manager #6 stated that the facility never have staff on reserve to come in if they do not have enough staff and that when call staff is called to come in, they refuse because they are so tired from working.</p> <p>During an interview on 4/10/2025 at 4:49 pm, the Union President stated that they receive multiple complaints a day from staff stating that they are working short staffed, and that the facility is mandating employees and then change the paperwork to document that they volunteered, and they tell them that they can't leave because there is no one to take the keys. The Union President stated that they have had Residents report to them that staffing is bad especially on the 11-7 am shift, and that they have complained about not getting medications.</p> <p>During an interview on 4/11/2025 at 10:34 AM, the Director of Staff Resources stated they complete the schedule based on the staff schedules that they have, and when they are short staffed, they will call everybody, and most of the times they refuse, and once they call everybody, they will consult with nursing and ask them what they're going to do with the staffing. The Director of Staff Resources stated that there were only 4 nurses working the entire shift in the facility and that A100 did not have a nurse on that unit for the 11pm-7am shift.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/11/2025 at 10:58 am, the Director of Nursing stated Units A and C have 18 residents when at maximum capacity and that when they're at maximum capacity, one nurse goes between both units to pass medications. The Director of Nursing stated that that on 12/8/2024 11-7 am shift, A100 did not have a nurse, and that based on the schedule, that would be considered insufficient staffing. The Director of Nursing stated that on 2/9/2025 on the 3-11 pm shift, there were only 4 Licensed Practical Nurses and 2 Nursing supervisors and 1 covered 2 units, and that is not normal or ideal, and that on 2/15/2025 11-7 am there were 4 Licensed Practical Nurses and 2 Nursing Supervisors and 1 covered 2 units. The Director of Nursing stated that they ideally want one nurse to cover each unit, but it is not always possible, and they must sometimes split nurses up to cover 2 units. The Director of Nursing stated that the acuity level on the dementia units is higher and that they should have more than one nurse, and that the daily minimum staffing is not accurate because the range of census on units goes up and down, and that they split the units between nurse because they have no staff.</p> <p>During an interview on 4/11/2025 at 4:12 pm, the Administrator stated that if they don't have enough nurses to cover units then they will pull the Assistant Director of Nursing to pass medications. The Administrator stated that when they revised the Facility Assessment, they do address staffing with the Director of Nursing, and that it should be signed and reviewed with Quality Assurance Agency/Quality Assurance and Performance Improvement. The Administrator stated that the staffing requirements on the Facility Assessment needs to be updated because it is inaccurate because they have units that are closed and the census is low on some units, and the staffing needs have changed.</p> <p>10NYCRR 415.13(a)(1)(i-iii)</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on record and interviews conducted during the Abbreviated Surveys (NY00342238 and NY00364422), the facility did not ensure that a facility-wide assessment was conducted to thoroughly assess the needs of its residents and to determine the required resources to provide the care and services to its residents during its day-to-day operations, did not address what is considered sufficient, particularly on the weekends, how the care required on a weekend shift is different than the care required on other shifts, and did not include behavioral health services necessary to meet resident needs. Additionally, the facility assessment did not have the date that it was reviewed with Quality Assurance and Performance Improvement (QAPI). Specifically, the Facility assessment dated 6/2018 and last revised on 5/12/2025 did not include the minimum staffing requirements for Certified Nurses' Aides and Licensed Practical Nurses and did not include the number of staff needed for behavioral healthcare and services, and the Facility assessment dated 6/2018 and last revised on 4/9/2025 did not include the amount of staff needed for behavioral healthcare and services, did not have a signature of approval and did not have the date that it was reviewed with Quality Assurance and Performance Improvement (QAPI).</p> <p>The Findings are:</p> <p>The Facility assessment dated 6/2018, last revised on 5/12/2025 documented that that Payroll-Based Journal (PBJ) reports and staffing needed to be seen for further information to identify the facility resources needed to provide competent support and care for their Resident population every day and during emergencies, and that the facility will follow the minimum staffing requirements for Certified Nurses' Aides, and Licensed Practical Nurses. Also, the Facility will maintain daily average staffing hours equal to 3.5 hours of care per resident day by a Certified Nurse Aide, Registered Nurse, or Licensed Practical Nurse. Of the average 3.5 hours, no less than 2.2 hours of care per resident per day shall be provided by a Certified Nurse Aide, and no less than 1.1 hours of care per resident day shall be provided by a Registered Professional Nurse or Licensed Practical Nurse.</p> <p>The Facility assessment dated 6/2018, last revised on 5/12/2025 did not have the date that it was reviewed with Quality Assurance and Performance Improvement (QAPI).</p> <p>The Facility assessment dated 6/2018, last revised on 5/12/2025 did not include nights and weekends as part of day-to-day operations in addition to emergencies, and did not document sufficient the staff with the appropriate competencies and skill sets necessary to care for their residents.</p> <p>During an interview on 5/14/2025 at 6:30 PM, the Administrator stated that the Facility Assessment correlates with the regulations and that they did not feel it was necessary to include the exact number of staffing needing to care for the Residents because people can refer to the Payroll-Based Journal (PBJ) for staffing. The Administrator stated that due to the issues with staffing in the facility, they did not document the exact number of Certified Nurses Aides or Licensed Practical Nurses on the Facility Assessment because staffing in the facility changes often. The Administrator was unable to provide documented evidence that the Facility Assessment was reviewed by the Quality Assurance and Performance Improvement. The Administrator stated that the Facility Assessment should be signed and dated and stated that the Facility assessment dated 6/2018 and last revised on 4/9/2025 should have been signed and dated.</p> <p>(continued on next page)</p>		

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	10 NYCRR 415.26		