

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  335285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/06/2025
NAME OF PROVIDER OR SUPPLIER  Pine Valley Center for Rehabilitation and Nursing		STREET ADDRESS, CITY, STATE, ZIP CODE  661 N Main St Spring Valley, NY 10977	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Based on interview and record review conducted during the abbreviated survey (2626453), the facility did not ensure all alleged violations of abuse were reported immediately, but not later than two (2) hours to the New York State Department of Health for one (1) of three (3) residents reviewed for abuse (Resident #1). Specifically, on 9/23/2025 at approximately 2:00 PM Resident #1's family member reported that Resident #1 alleged sexual abuse, and the allegation was not reported to the New York State Department of Health until 9/24/2025 at 11:18 AM. The 10/10/2024 facility policy titled Abuse Prevention Policy and Procedure, documented it is the responsibility of all facility employees, consultants, visitors, family members and physicians to immediately report any incident or suspected incident of resident abuse, neglect, mistreatment, exploitation, misappropriation of resident property or any resident injury of unknown origin. All alleged violations involving abuse neglect exploitation or mistreatment including injuries of unknown origin and misappropriation of resident property must be reported immediately but no later than two hours after the allegation is made, if the events that caused the allegation involve abuse or result in serious bodily injury or not later than 24 hours if the events that caused the allegation do not involve abuse and do not result in serious bodily injury to the administrator of the facility and to the New York State Department of Health. Resident #1 had diagnoses which included anxiety disorder, depression, and hypertension. The 7/15/25 Minimum Data Set Comprehensive admission Assessment documented the resident had intact cognition and physical and behavioral symptoms directed toward others which significantly intruded on the privacy or activity of others and put the resident at significant risk for physical illness or injury and significantly interfered with the resident's care. The resident required substantial assistance with showers/bathing. The 9/23/25 facility Incident Report documented that on 9/23/2025 at 2:00 PM, Resident #1's family member reported that Resident #1 made an allegation of sexual abuse. The Webform Submission Nursing Home Facility Incident Report documented the allegation of sexual abuse was submitted to the New York State Department of Health on 9/24/2025 at 11:18 AM. On 10/06/2025 at 10:34 AM during an interview, the Director of Nursing stated that on 9/23/2025 around 2:00 PM, the Director of Activities reported that Resident #1's family member reported Resident #1's allegation of sexual abuse. The Director of Nursing stated they did not report the allegation to the New York State Department of Health until 9/24/2025 at 11:18 AM because the allegation was vague and confusing, and the resident had a history of accusations, and the facility completed an internal investigation within two (2) hours and concluded that abuse did not occur. On 10/6/2025 at 2:10 PM during an interview, the facility Administrator stated they are aware that allegations of abuse should be reported within two (2) hours, however if the allegation is confusing or if the resident is confused, they want to do an internal investigation first to assure the allegation needs to be reported to the New York State Department of Health, and if they believe abuse may have occurred they would report within two (2) hours. 10 NYCRR 415.4(b)(2)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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