STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395167	A. Building B. Wing	05/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Manor Rehabilitation and Healthcare Center	7650 Route 309 Coopersburg, PA 18036

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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and staff interview, it was determined that the facility failed to provide a safe, clean, and comfortable environment on three of six nursing units (300, 400, 500). In addition, the facility failed to maintain the rear exterior of the building in a safe condition for resident use. Findings include: Observation on May 19, 2026, from 12:20 p.m. to 1:50 p.m., revealed the following: In room [ROOM NUMBER], the walls were heavily marred with chipped paint. There were three holes on the wall behind bed A. In the toilet room of the 400-unit bathing suite, there was a towel that had a brown substance that was placed on top of a toilet plunger. In room [ROOM NUMBER], the flooring throughout the room was stained with a dark, black residue. In room [ROOM NUMBER], the bottom of the wall near the shared bathroom was cracked. The built-in dresser had cracks along the side. In room [ROOM NUMBER], the paper towel dispenser for the shared sink was broken. The rear exterior of the facility had holes and uneven spots on the ground near the smoking area, an area used by residents. In an interview on May 19, 2026, at 3:45 p.m., the Administrator confirmed the environmental issues were present. CFR: 483.10(i) Safe, Clean, Comfortable, and Homelike EnvironmentPreviously cited 2/26/26. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b)(1)(e)(2.1) Management.

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