

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on observation, it was determined that the facility failed to provide a safe, clean, and comfortable environment on one of three nursing units. (Central)</p> <p>Findings include:</p> <p>On March 4, 2024, from 9:30 a.m. to 1:15 p.m., the following was observed:</p> <p>In room [ROOM NUMBER], the doorknob to the bathroom was broken. There were no paper towels in the dispenser for residents or staff to dry their hands.</p> <p>In room [ROOM NUMBER], the transition was loose between the bathroom and the resident room, and the walls were heavily marred.</p> <p>In room [ROOM NUMBER], the window curtain was off the rod, and the walls were heavily marred with chipped paint throughout the room.</p> <p>In room [ROOM NUMBER], the bottom of the closet door was peeling and separating, and the walls were marred with chipped paint.</p> <p>In rooms 111, 113, 205 and 207, the walls are marred with chipped paint throughout the rooms.</p> <p>In room [ROOM NUMBER], the bottom of the wall had a large hole along the baseboard near the bathroom, and the walls were marred with chipped paint throughout the room.</p> <p>In room [ROOM NUMBER], the window curtain was off the rod, and the walls were marred with chipped paint throughout the room.</p> <p>In room [ROOM NUMBER], the right side closet door was off the track and on the floor, the bottom of left closet door was peeling and separating, and the walls were marred with chipped paint throughout the room.</p> <p>In room [ROOM NUMBER], the privacy curtain was covered in dried pink and light brown stains, the window curtain was off the rod, and the walls were marred with chipped paint throughout the room.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In room [ROOM NUMBER], the bottom of closet door was peeling and crumbling, there was broken tile on the left side between the bed and the window with loose pieces scattered on the floor, tile missing in front of the bathroom door, and walls marred with chipped paint throughout the room.</p> <p>In room [ROOM NUMBER], there was tile missing in the bathroom, and marred walls with chipped paint throughout the room.</p> <p>CFR: 483.10(i) Safe, Clean, Comfortable, and Homelike Environment</p> <p>Previously cited 2/14/24.</p> <p>28 Pa. Code 201.18(b)(1)(e)(2.1) Management.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on and staff and resident interview, it was determined that the facility failed to provide services to maintain adequate grooming and hygiene for two of 28 sampled residents. (Residents 49, 63)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 49 had diagnoses that included dementia, diabetes mellitus, and polyneuropathy. According to the Minimum Data Set (MDS) assessment dated [DATE], the resident was able to clearly communicate his needs and required extensive assistance from staff for personal hygiene. Review of the care plan revealed that the resident required assistance with activities of daily living (ADLs) with an intervention for staff to trim nails on shower days. On March 4, 2025, at 10:44 a.m., the resident was observed out of bed in his wheelchair. Resident 49's fingernails were long and dirty; there was a dark colored substance underneath the nails. The resident stated that his fingernails needed to be cut. On March 5, 2025, at 11:24 a.m., the resident was observed in bed; his fingernails remained long and dirty.</p> <p>Clinical record review revealed that Resident 63 had diagnoses that included stroke, chronic pain, and depression. According to the MDS assessment dated [DATE], the resident was able to clearly communicate his needs and required extensive assistance from staff for personal hygiene. Review of the care plan revealed that the resident required assistance with ADLs with an intervention for staff to trim nails and facial hair grooming on shower days. On March 4, 2025, at 11:30 a.m., the resident was observed out of bed in his wheelchair. Resident 49's fingernails were long and dirty; there was a dark colored substance underneath the nails. The resident stated that his fingernails needed to be cut, and he wanted his beard shaved. On March 5, 2025, at 11:24 a.m., the resident was observed in bed, his fingernails remained long and dirty and beard not shaved.</p> <p>In an interview on March 6, 2025, at 9:16 a.m., the Director of Nursing confirmed that the residents' fingernails and beard should have been trimmed and cleaned with bathing and as needed.</p> <p>CFR 483.24(a)(2) ADL care provided for Dependent Residents</p> <p>Previously cited 2/14/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45840</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to implement physician's orders for one of 28 sampled residents. (Resident 249)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 249 had diagnoses that included atrial fibrillation, chronic obstructive pulmonary disease, and diabetes mellitus. Review of the Minimum Data Set assessment revealed that the resident had cognitive impairment. Review of Resident 249's skin assessment dated [DATE], revealed that the resident had multiple bilateral lower extremity wounds from frost bite. In an interview on March 4, 2025, at 1:30 p.m., Resident 249's responsible party stated that she was concerned about the resident's wounds becoming infected because wound care was not being done daily. A physician's order dated February 20, 2025, directed staff to soak bilateral feet in lukewarm soapy water, pat dry, apply betadine to scattered open wounds and toes and leave open to air, cover left medial ankle with abdominal dressing pad (ABD) pad and wrap in Kerlix (cotton gauze bandage rolls). A review of the February and March 2025 Treatment Administration Records revealed that the wound care was not done as ordered on February 21 and 28, 2025, and March 1 and 4, 2025.</p> <p>In an interview on March 6, 2025, at 08:43 a.m., the Nursing Home Administrator confirmed that the wound care was not done as ordered.</p> <p>CFR(s) 483.25 Quality of Care</p> <p>Previously cited 2/14/24</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17709</p> <p>Based on clinical record review and staff interview, it was determined that the facility failed to document the rationale for the continued use of as needed (PRN) anti-anxiety medications for three of five sampled residents who were on psychotropic medications. (Residents 47, 106, 128)</p> <p>Findings include:</p> <p>Clinical record review revealed that Resident 47 had diagnoses that included anxiety, major depressive disorder and end stage renal disease. The Minimum Data Set (MDS) assessment dated [DATE], indicated that the resident had minimal memory impairment, and had been administered an anti-anxiety medication within the seven-day assessment period. A review of the care plan revealed that the resident utilized psychotropic medications due to anxiety.</p> <p>On January 13, 2025, a physician ordered for staff to administer an anti-anxiety medication (Ativan) every 12 hours PRN for anxiety. Review of the Medication Administration Records (MARs) revealed that Resident 47 received the prn Ativan four times in January 2025, twice in February 2025, and once in March 2025.</p> <p>There was no documentation in the resident's clinical record from the physician for the rationale to extend the PRN Ativan beyond the 14 days from the original order on January 13, 2025.</p> <p>Clinical record review revealed that Resident 106 had diagnoses that included peripheral vascular disease, diabetes mellitus, and bipolar disorder. On August 20, 2024, a physician ordered for staff to administer a psychoactive medication (Ativan) every 6 hours as needed for anxiety and/or agitation. Review of the MARs revealed that resident 106 received the prn Ativan six times in January 2025, and three times in February 2025.</p> <p>There was no documentation in the resident's clinical record from the physician for the rationale to extend the PRN Ativan beyond the 14 days from the original order on August 20, 2024.</p> <p>Clinical record review revealed that resident 128 had diagnoses that included major depressive disorder, metabolic encephalopathy, Parkinson's disease, type 2 diabetes mellitus, anxiety, and unspecified dementia. The MDS assessment dated [DATE], indicated that the resident had severe memory impairment, and had been administered an anti-anxiety medication within the seven-day assessment period. A review of the care plan revealed that the resident utilized psychotropic medications due to depression and anxiety.</p> <p>On November 10, 2024, a physician ordered for staff to administer an anti-anxiety medication (Ativan gel) every four hours as needed for anxiety. Review of the Medication Administration Records (MARs) revealed that resident 128 received the prn Ativan four times in November 2024, once in December 2024, six times in January 2025, twelve times in February 2025, and five times in March 2025.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>There was no documentation in the resident's clinical record from the physician for the rationale to extend the PRN Ativan beyond the 14 days from the original order on November 10, 2024.</p> <p>On January 28, 2025, a physician ordered for staff to administer to resident 128 an anti-anxiety medication, lorazepam (generic Ativan), every four hours as needed for anxiety. Review of the MARs revealed the resident had been administered the PRN lorazepam medication once in January 2025, 20 times in February 2025, and three times in March 2025.</p> <p>There was no documentation in the resident's clinical record from the physician for the rationale to extend the PRN lorazepam beyond the 14 days from the original order on January 28, 2025.</p> <p>In an interview on March 6, 2025, at 9:27 a.m., the Administrator stated that there was no documentation to support the rationale to extend the PRN psychotropic medications beyond the 14 days from the original order for the aforementioned residents.</p> <p>Pa. Code 211.12(d)(1)(5) Nursing services.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45840</p> <p>Based on facility policy review, clinical record review, observation, and staff interview, it was determined that the facility failed to follow policies and procedures to prevent the spread of infection for five of 28 sampled residents (Residents 12, 19, 49, 86, 131) on two of three nursing units. (North and Central)</p> <p>Findings include:</p> <p>Review of the facility policy entitled, Transmission Based Precautions, last reviewed November 25, 2024, revealed that transmission based precautions (TBPs) may include contact precautions, droplet precautions, and airborne precautions that vary with how restrictive they were in requiring certain personal protective equipment (PPE). If a resident was identified as having a communicable disease, then TBPs were to be initiated. Staff were to post a sign on the door that all personnel and visitors entering the room must first see the nurse to obtain additional information before entering the room as part of maintaining the specific TBP and PPE protocol.</p> <p>Review of the facility policy entitled, Droplet Precautions, last reviewed November 25, 2024, revealed that droplet precautions were to be implemented for residents documented or suspected to be infected with microorganisms transmitted by droplets generated by the individual coughing, sneezing, talking, or by the performance of such procedures such as suctioning. An infection requiring Droplet Precautions includes influenza. Staff was to wear cleanable or disposable eye wear, non-sterile, disposable isolation gowns, face masks, and gloves, which were donned and doffed when entering and exiting patients' rooms and were not to be reused.</p> <p>Clinical record review revealed that Resident 12 tested positive for influenza A on March 1, 2025. Observation on March 5, 2025, at 8:50 a.m., revealed an environmental services worker (EVS 1) in Resident 15's room without any PPE. EVS 1 exited the room at 8:59 a.m. and went directly into the next resident room. On March 5, 2025, at 9:00 a.m., Registered Nurse (RN 1) was observed entering Resident 15's room for eight minutes wearing a surgical face mask. RN 1 did not have on the additional required PPE. RN 1 was observed giving the resident her medications and exiting the room at 9:08 a.m. At 9:10 a.m., RN 1 re-entered Resident 12's room to give additional medication wearing only a surgical mask. RN 1 did not have on the required PPE. RN 1 did not remove her face mask when she exited the room. In an interview at that time, RN 1 stated that she didn't see the sign outside the door and did not know why Resident 12 was on Droplet Precautions.</p> <p>Review of the facility policy entitled, Enhanced Barrier Precautions, last reviewed November 25, 2024, revealed that Enhanced Barrier Precautions (EBPs) are used to help reduce the transmission of Multi-Drug Resistant Organisms (MDROs) by requiring the use of gowns and gloves during specific high contact resident care activities for residents known to be colonized or infected with an MDRO as well as those at increased risk of acquiring an MDRO. Residents at risk include but are not limited to those with feeding tubes, indwelling urinary catheters, central vascular lines, tracheostomy tubes, and wounds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/06/2025
NAME OF PROVIDER OR SUPPLIER Valley Manor Rehabilitation and Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Clinical record review revealed that Resident 19 had diagnoses that included a history of an open wound of the abdominal wall as well as sacral and right lower extremity pressure wounds. On March 5, 2025, at 9:20 a. m., a nurse aide (NA 3) was observed entering Resident 19's room to provide care. NA 3 did not use a protective gown in accordance with facility policy. There was no sign indicating that the resident was on EBPs.</p> <p>Clinical record review revealed that Resident 49 had diagnoses that included a history of neuromuscular dysfunction of the bladder with a suprapubic catheter. On March 4, 2025, at 11:45 a.m., a nurse aide (NA 2) was observed entering Resident 49's room to provide care. NA 2 did not use a protective gown in accordance with facility policy. There was no sign indicating that the resident was on EBPs.</p> <p>Clinical record review revealed that Resident 86 had diagnoses that included end stage renal disease with a right chest permanent catheter (a flexible tube inserted into the vein in the neck, chest, or groin, used for dialysis). On March 5, 2025, at 10:30 a.m., a nurse aide (NA 1) was observed entering Resident 86's room to provide care. NA 1 did not use a protective gown in accordance with facility policy. There was no sign indicating that the resident was on EBPs.</p> <p>Clinical record review revealed that Resident 131 had diagnoses that included a history of neuromuscular dysfunction of the bladder with an indwelling catheter. On March 5, 2025, at 1:37 p.m., a licensed practical nurse (LPN 1) was observed entering Resident 131's room to provide care. LPN 1 did not use a protective gown in accordance with facility policy. There was no sign indicating that the resident was on EBPs.</p> <p>In an interview on March 6, 2025, at 8:45 a.m., the Director of Nursing confirmed that Droplet and Enhanced Barrier Precautions should have been implemented and the policies were not being followed by staff.</p> <p>28 Pa. Code 211.10(d) Resident care policies.</p> <p>28 Pa. Code 211.12(d)(1)(5) Nursing services.</p>