STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, it was determined that the facility failed to store food items in a safe and sanitary manner and maintain equipment in a sanitary condition, in the main kitchen of the facility and a resident pantry area on two of seven nursing units (Nursing Units 300 and 700). Findings include: Initial tour of the facility's main kitchen with Employee 6, Culinary Manager, on April 7, 2026, at 8:45 AM revealed the following: There were two storage containers of serving ware located under the dishwasher conveyor that Employee 6 identified as clean. The serving ware was not protected from contamination from the ambient environment. There were debris noted in multiple blue cups. Clear serving bowls had debris accumulated in them and several were wet. There was a black discoloration to areas of the ceiling in the dishwasher area especially where the ceiling met with the wall. There was peeling paint also noted where the ceiling met the wall. There was a significant accumulation of dust on two observed air vents in the ceiling above the dishwasher area. Two large garbage receptacles had broken and cracked lids. A fire extinguisher receptacle protective cover was broken. Several broken and jagged pieces of the plastic covering were found at the bottom of the fire extinguisher receptacle. An ice machine had a plastic food storage container on the floor behind it. There was a significant accumulation of debris on the floor between the right side of the ice machine and the wall. The walk-in freezer contained two cardboard boxes of cookies and a box of broccoli cuts that were open to ambient air. The walk-in cooler contained the following: two large plastic tub containers being used to hold drinks. The containers held various beverages that included cans of soda, milk cartons, and nutritional drinks. These tub containers were partially filled with opaque water that the drinks were partially immersed in. There was a box of mushrooms open to ambient air and a bucket container of pickle chips that had a black colored mold-like accumulation on portions of the perimeter near the lid. There were three open containers of Worcestershire sauce on a rack that held various spices that were past their use by dates of December 3, 2025, March 20, 2025, and June 27, 2025. A stainless-steel prep table with a sink adjacent to the walk-in cooler and freezer had an area with electrical outlets. The area surrounding the electrical outlets held a significant accumulation of various debris. The food warmer appliance had a significant accumulation of food stains and debris on the bumpers that surrounded it at the base of the unit. The entire side of the food warmer was sticky to the touch. An oven held various baking racks that were being stored on the top of it. There was a significant accumulation of dust and debris accumulated on the top of the oven. A storage rack that held various adaptive equipment on blue trays, that Employee 6 identified as clean, had various debris and dried stains on multiple trays. A stack of nosey cups (adaptive feeding cups) had moisture accumulated between them. There was a fork on one of the blue trays that had dried food debris on the tongs. The suction unit in the main dining room adjacent to the main kitchen had two packaged filters that had expired (one on May 26, 2025, and the other on April 10, 2025). There was a container of unopened sterile water that had expired on April 4, 2026. The above information was reviewed in a meeting with the Director of Nursing on April 8, 2026, at 2:45 PM. A review of the tray line food temperatures provided by Employee 6 for March 2026 revealed the following missing temperature documentation: March 1, 2026: dinner temperature documentation missingMarch 6, 2026: dinner (continued on next page)

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: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	temperature documentation missingMarch 8, 2026: no documentation for breakfast, lunch, dinner temperaturesMarch 12, 2026: dinner temperature documentation missingMarch 15, 2026: no documentation for breakfast, lunch, dinner temperaturesMarch 16, 2026: no documentation for breakfast, lunch, dinner temperaturesMarch 17, 2026: dinner temperature documentation missingMarch 20, 2026: dinner temperature documentation missingMarch 22, 2026: dinner temperature documentation missingMarch 23, 2026: dinner temperature documentation missingMarch 25, 2026: dinner temperature documentation missingMarch 27, 2026: dinner temperature documentation missingMarch 28, 2026: no documentation for breakfast, lunch, dinner temperaturesMarch 31, 2026: no documentation for breakfast, lunch, dinner temperatures The missing temperatures were reviewed in a meeting with the Nursing Home Administrator and Director of Nursing on April 9, 2026, at 2:30 PM. There was no evidence to indicated food temperatures were checked prior to serving. Observation of the 700 Nursing Unit resident pantry on April 9, 2026, at 11:19 AM revealed a plastic container of coffee with a manufacturer's best if used by date of June 4, 2023. This was reviewed with the Nursing Home Administrator on April 10, 2026, at 11:49 AM. Observation of the 300 Nursing Unit resident pantry on April 10, 2026, at 11:53 AM revealed a two percent unopened milk carton, a nutritional drink single-serve carton, and a cup of an orange-colored drink that were sitting on top of the microwave. All three drinks were warm to touch. The nutritional drink printed directions on the carton instructed to keep refrigerated. There were no staff at the pantry area at the time of the findings. The findings were reviewed with Employee 7, licensed practical nurse, who revealed the drinks now needed to be thrown out and proceeded to discard them. The Nursing Home Administrator and Director of Nursing were informed of the findings for the 300 Nursing Unit on April 10, 2026, at 11:56 AM. 28 Pa. Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. Based on a review of select facility policies and procedures, clinical record review, observation, and resident and staff interview, it was determined that the facility failed to assess all potential risk areas for entrapment for five of six residents reviewed for accident hazards (Residents 2, 7, 12, 14, and 97). Findings include: Review of the facility policy titled, Enabler Bar Policy and Procedures, last reviewed without changes on November 20, 2025, revealed (in part) that immediately after placement of assist bar(s) maintenance will conduct a bed inspection for bed entrapment points using the bed measurement device following the manufacturer's test methods inspection each zone (1-4). Zones 5, 6, and 7 must meet the required measurements as noted in this procedure. Zone 5 is defined in the policy as between split bedrails; and Zone 5 must be noted as, Not Applicable, if there are no split bedrails. Zone 6 is defined in the policy as between the end of the rail and the side edge of the head or footboard. The policy further notes that Zone 6 must be marked as Pass or Fail if noted measurements are not met. Clinical record review for Resident 2 revealed a medical history that included a fall, abnormalities of gait and mobility, difficulty in walking, muscle weakness, and need for assistance with personal care. Review of the current physician orders for Resident 2 revealed an order dated December 6, 2024, that noted the resident may use left enabler bar on bed for increased mobility in bed. Review of the current care plan for Resident 2 revealed that the resident has an activities of daily living (ADL) self-care deficit and an intervention included that the resident may use left enabler bar on bed for increased bed mobility. Observation and concurrent interview with Resident 2 on April 8, 2026 at 8:40 AM revealed that the resident had an enabler bar attached to the bed on the resident's left side. The bed had a headboard attached. The resident reported he utilized the enabler bar for increased mobility when in bed. Review of the facility documentation for Resident 2 titled, Bed System Measurement Device Test Results Worksheet, dated November 7, 2025, revealed that Does Not Apply was circled for the Zone 6 measurement. There was no further documentation to indicate that Zone 6 was assessed for potential risk of entrapment. Clinical record review for Resident 97 revealed a medical history that included abnormalities of gait and mobility, difficulty in walking, weakness, and need for assistance with personal care. Review of the current physician orders for Resident 97 revealed an order dated September 9, 2022, that noted the resident to utilize bilateral enabler bars for bed mobility. Review of the current care plan for Resident 97 revealed that the resident has an ADL self-care performance deficit related to ambulatory dysfunction and an intervention included bilateral enabler bars for bed mobility. Observation and concurrent interview with Resident 97 on April 7, 2026, at 12:26 PM revealed that the resident had bilateral enabler bars attached to the bed. The bed had a headboard attached. The resident reported he utilized the enabler bar for increased mobility when in bed. Review of the facility documentation for Resident 97 titled, Bed System Measurement Device Test Results Worksheet, dated February 10, 2026, revealed that Does Not Apply was circled for the Zone 6 measurement. There was no further documentation to indicate that Zone 6 was assessed for potential risk of entrapment. An interview with Employee 5, maintenance staff, on April 9, 2026, at 12:48 PM confirmed that Zone 6 was marked as not assessed for Resident 2 and 97 and all sheets were marked as does not apply. The above information for Residents 2 and 97 was reviewed in a meeting with the Nursing Home Administrator (NHA) and Director of Nursing (DON) on April 9, 2026, at 2:30 PM. Observation of Resident 7's room on April 7, 2026, at 1:13 PM revealed that her bed was equipped with a headboard, a footboard, and a left-sided assist device. Clinical record review for Resident 7 revealed a, Bed System Measurement Device Test Results Worksheet, dated February 6, 2026, that staff documented, Does Not Apply, for the Zone 6 assessment. There was no further documentation to indicate that Zone 6 was assessed for potential entrapment risks. Observation of Resident 14's room on April 7, 2026, at 11:42 AM revealed that her (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER: Valley View Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 Warrensville Road Montoursville, PA 17754	

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	bed was equipped with a headboard, a footboard, and assist devices bilaterally at the head of her bed. Clinical record review for Resident 14 revealed a, Bed System Measurement Device Test Results Worksheet, dated February 6, 2026, that staff documented, Does Not Apply, for the Zone 6 assessment. There was no further documentation to indicate that Zone 6 was assessed for potential entrapment risks. Observation of Resident 12's room on April 8, 2026, at 11:20 AM revealed the left side of her bed against the wall and her bed was equipped with a headboard, a footboard, and an enabler device mounted to the right side of her bed. Clinical record review for Resident 12 revealed an active physician order dated February 24, 2026, for the use of a right enabler bar to her bed.A, Bed System Measurement Device Test Results Worksheet, dated February 6, 2026, documented an assessment that Zone 6, Does Not Apply, for Resident 12. There was no further documentation to indicate that Zone 6 was assessed for potential entrapment risks. Interview with Employee 5 on April 9, 2026, at 10:49 AM indicated that staff visually determined Zone 6 as large enough for Residents 7, 12, and 14; therefore marked, Does Not Apply. He confirmed that the residents reviewed have a headboard and an edge to an assistive device; therefore, that Zone 6 does apply to those residents and should have a documented assessment. The interview confirmed that the response, Does Not Apply, is correct for Zone 5 as no resident utilized a split rail system. The surveyor reviewed the concerns that the facility did not document an appropriate entrapment risk assessment for Zone 6 for Residents 7, 12, and 14, during an interview with the Nursing Home Administrator and the Director of Nursing on April 9, 2026, at 2:30 PM. 483.25(n)(1) Bed RailsPreviously cited deficiency 5/23/25 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. Based on clinical record review and staff interview it was determined that the facility failed to ensure that active physician orders incorporated resident wishes related to end-of-life care for two of four residents reviewed for advanced directives concerns (Residents 7 and 56). Findings include: Clinical record review for Resident 56 revealed an active physician order dated May 30, 2025, for staff to implement full treatment in the event of a medical emergency (Full Code, chest compressions and breathing assistance). Resident 56's clinical record also included an active physician order dated June 2, 2025, for staff to implement DNR (Do Not Resuscitate, do not provide chest compressions or assist with breathing) directives in the event of a medical emergency. There was no POLST (Physician Orders for Life Sustaining Treatment, portable medical order form that records treatment wishes so that emergency personnel know what treatments the resident wants in the event of a medical emergency) form in Resident 56's medical record. Interview with Employee 1 (licensed practical nurse) on April 8, 2026, at 11:25 AM confirmed that there was no POLST form in Resident 56's physical or electronic medical record. Employee 1 stated, I know she's DNR because it's in the computer. Employee 1 then verified that there were two active physician orders related to code status for Resident 56: one to provide full treatment and one to provide no treatment. Physician documentation dated June 2, 2025, at 12:00 PM indicated that Resident 56 wished to be DNR. The facility failed to ensure that an updated end-of-life decision order was fully implemented; both physician orders were readily accessible to facility staff for Resident 56. Interview with the Nursing Home Administrator and the Director of Nursing on April 9, 2026, at 2:30 PM confirmed the above findings for Resident 56. Clinical record review for Resident 7 revealed an active physician order dated April 12, 2023, for staff to implement full treatment in the event of a medical emergency. There was no POLST in Resident 7's electronic or physical medical record. Interview with Employee 2 (licensed practical nurse) and Employee 3 (licensed practical nurse) on April 8, 2026, at 10:21 AM confirmed that Resident 7 did not have a POLST in either her electronic or physical medical record.The surveyor requested evidence that Resident 7 and/or her responsible party made the decision for full treatment in the event of a medical emergency during interviews with the Director of Nursing on April 8, 2026, at 2:45 PM and April 9, 2026, at 2:30 PM. Progress note documentation by Resident 7's physician dated April 9, 2026, at 5:11 PM (following the surveyor's questioning on April 8 and 9, 2026) noted a conversation with Resident 7's parents confirmed their wishes for full treatment. The facility failed to document the communication with the resident or resident's representative that evidenced the end-of-life care decision executed before the surveyor's questioning. 28 Pa. Code 201.29(a) Resident rights 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to thoroughly investigate and report to the appropriate agencies an allegation of resident-to-resident physical abuse for one of 26 records reviewed (Resident 128).Findings include: The facility policy entitled Abuse Prevention/ Elder Justice Act Suspicious Crime Reporting, last reviewed without changes November 20, 2025, revealed all residents of the facility have the right to live without fear of abuse. All nursing staff are required to immediately report residents found to have a bruise, other unexplained new mark, skin tear, or wound. An incident report is completed to document and investigate the findings. Employees are required to timely report any reasonable suspicion of resident abuse, neglect, or misappropriation of property to their supervisor, the Director of Nursing, the Compliance officer, Nursing Home Administrator. If the events that cause reasonable suspicion do not result in serious bodily injury to the resident, the report must be made not later than 24 hours after forming the suspicion. The facility will make a written report through ERS (event reporting system) within 24 hours, an oral report to the Area Agency on Aging and local law enforcement immediately. The registered nurse supervisor will complete an incident report which will include the name of all the witnesses, a description of the event, and the extent of the resident's injuries. When abuse or neglect is suspected, immediate measures must be taken to protect the resident. Monitoring of the resident will be initiated. Individualized care plans may need to be revised. Clinical record review for Resident 128 revealed nursing documentation dated March 16, 2026, at 6:47 PM noting Resident 128 was sitting at the table eating supper when another resident became agitated, reached across the table, and hit Resident 128 across the face. The assessment revealed initially Resident 128's right cheek appeared slightly bruised and reddened. Review of the facility investigation dated March 16, 2026, revealed no witness statements. The interdisciplinary team review dated March 20, 2026, revealed this was an isolated incident with no injuries, and the residents were separated. Interview with the Director of Nursing and Nursing Home Administrator on April 9, 2026, at 2:30 PM confirmed that the facility did not report Resident 128's resident-to-resident physical abuse to the appropriate authorities. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa Code 201.18(b)(1)(3)(e)(1) Management 28 Pa Code 201.19(8) Personnel policies and procedures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and resident and staff interview, it was determined that the facility failed to ensure assessments accurately reflected a resident's status for two of 26 residents reviewed (Residents 40 and 139).Findings Review of a quarterly MDS (Minimum Data Set, an assessment completed at specific intervals to determine resident care needs) dated October 26, 2025, revealed staff assessed Resident 40 as having no impairments of her lower extremities. Review of Resident 40's next quarterly MDS dated [DATE], staff assessed Resident 40 as having bilateral impairment to her lower extremities. Interview with Employee 4 (LPNAC) on April 10, 2026, at 10:55 AM revealed that Resident 40 did not have a decline in her range of motion. Employee 4 confirmed Resident 40's functional limitation in her range of motion was coded in error on the MDS dated [DATE]. The above findings for Resident 40 were reviewed with the Director of Nursing on April 10, 2026, at 11:32 AM. The facility failed to accurately assess Resident 40's MDS assessments as noted above. Interview with Resident 139 on April 7, 2026, at 10:48 AM revealed that she had difficulty hearing. Resident 139 stated that she utilized hearing aids, but she did not know where they were at that time. Clinical record review for Resident 139 revealed a physician order active October 16, 2025, to March 29, 2026, for staff to ensure a right and left hearing aid is put in Resident 139's ears in the morning every day shift for hearing aid use. An annual MDS dated [DATE], assessed Resident 139 with adequate hearing without the use of a hearing aid. The assessment indicated that the facility did not proceed to a care plan to address hearing concerns for Resident 139. Resident Assessment Instrument (RAI) instructions to complete Section B0200: Hearing of the MDS includes to, Ensure that the resident is using their normal hearing appliance if they have one. Hearing devices may not be as conventional as a hearing aid. Some residents by choice may use hearing amplifiers or a microphone and headphones as an alternative to hearing aids. Ensure the hearing appliance is operational. Hospital History and Physical documentation dated March 27, 2026, noted, (Resident 139) also is extremely hard of hearing. Staff failed to ensure Resident 139's use of a hearing aid during completion of the MDS assessment and failed to note any hearing difficulty to appropriately develop a plan of care to address her communication deficit and use of hearing aids. Interview with the Nursing Home Administrator and the Director of Nursing on April 9, 2026, at 2:30 PM confirmed the above findings for Resident 139. 28 Pa. Code 211.5(f)(ix) Medical records 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Based on clinical record review, observation, and resident and staff interview, it was determined that the facility failed to develop, revise, and ensure resident/resident representative participation in care plan decisions for four of 26 residents reviewed (Residents 11, 12, 82, and 139)Findings include: Clinical record review for Resident 11 revealed nursing documentation dated December 29, 2025, at 3:35 PM that Resident 11 was on his knees in front of a standard chair, his arms braced on the arms of the chair. Review of the facility's incident/accident investigation dated December 29, 2025, indicated that per the interdisciplinary team review, physical therapy would screen Resident 11 in response to his fall. A physical therapy response dated December 29, 2025, indicated that staff gave Resident 11 a, reacher (handheld assistive tool designed to help individuals pick up or reach objects without bending or stretching) to utilize in order to increase safety. Review of Resident 11's plans of care that included one to address his potential for falls related to immobility and ambulatory disfunction revealed that the facility did not revise his care plans to include the reacher intervention. Interview with Resident 139 on April 7, 2026, at 10:54 AM revealed that she had no recollection of attending care plan meetings. Clinical record review for Resident 139 revealed an MDS assessments (Minimum Data Set, an assessment tool completed at specific intervals to determine resident care needs) as follows that assessed her without cognitive deficits (BIMS, Brief Interview for Mental Status, scores of 13 to 15 out of 15): Quarterly MDS October 10, 2024, BIMS score 15Quarterly MDS January 2, 2025, BIMS score 14Annual MDS March 17, 2025, BIMS score 15Quarterly MDS June 9, 2025, BIMS score 13Quarterly MDS September 1, 2025, BIMS score 14Quarterly MDS November 24, 2025, BIMS score 15Annual MDS February 16, 2026, BIMS score 14 Care conference meeting documentation on the following dates and times noted that Resident 139 did not attend: February 25, 2026, at 1:00 PMDecember 3, 2025, at 1:06 PMSeptember 10, 2025, at 1:00 PMJune 18, 2025, at 1:19 PM Interview with the Director of Nursing and the Nursing Home Administrator on April 10, 2026, at 8:55 AM confirmed that the facility had no documentation in the medical record of the reasons (including the steps the facility took to include the resident) Resident 139 did not participate in her care plan meetings. Observation of Resident 139's room on April 7, 2026, at 11:05 AM and April 8, 2026, at 11:34 AM revealed a respiratory mask hanging from the drawer of her bedside stand. Interview with Employee 1 (licensed practical nurse) during the observation on April 8, 2026, at 11:34 AM revealed that the respiratory mask was utilized for Resident 139's CPAP (machine takes in room air, filters and pressurizes it, before delivering it through a tube and mask to the resident) treatments, and that it should be in a black bag to protect it from potential environmental contaminants. Employee 1 placed the mask in a black bag hanging from Resident 139's oxygen room concentrator machine (medical device that takes in room air, concentrates the oxygen concentration, and delivers it back to the resident via tubing and a mask or nasal prongs) and stored the equipment on Resident 139's bedside stand (available for use). Employee 1 stated that a respiratory therapist provides Resident 139's equipment. Review of a plan of care initiated by the facility on October 10, 2024, indicated that Resident 139 utilized a CPAP with supplemental oxygen at hour of sleep due to her fluctuating respiratory status related to COPD (chronic obstructive pulmonary disease, group of lung diseases that cause airflow blockage and breathing-related problems) and sleep apnea (condition that causes breathing to stop and start multiple times during sleep) since January 3, 2025. A physician's order for Resident 139 to utilize a CPAP with supplemental oxygen every evening and night shift was discontinued on February 16, 2026. Interview with the Director of Nursing on April 9, 2026, at 8:49 AM confirmed that the facility failed to revise Resident 139's plan of care when the physician discontinued the intervention. Interview with Resident 139 on April 7, 2026, at 10:48 AM and April 8, 2026, at 11:15 AM revealed that she had difficulty hearing. Resident 139 stated that she utilized hearing aids, but she did not know where they were during both interview occasions. Interview with (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Employee 1 on April 8, 2026, at 11:34 AM confirmed that Resident 139 had a hearing aid, however, staff did not provide it to her unless she requested it. Staff store the hearing aid in the locked treatment room. Review of plans of care developed by the facility to address Resident 139's treatment needs revealed no intervention that pertained to Resident 139's hearing loss, use of hearing aid device(s), or history of lost/broken hearing aids. Hospital History and Physical documentation dated March 27, 2026, noted, (Resident 139) also is extremely hard of hearing. Observation of Resident 82's room on April 7, 2026, at 12:19 PM revealed a pacemaker (medical device implanted under the skin that helps regulate the heart's rhythm by providing electrical impulses to the heart muscle) monitoring machine at his bedside. Clinical record review for Resident 82 revealed an active physician's order that Resident 82 had a scheduled appointment for a cardiac device check at the hospital on April 16, 2026. Review of Resident 82's plans of care revealed a plan of care initiated by the facility on March 25, 2026, to address Resident 82's altered cardiovascular status related to CHF (congestive heart failure, insufficient functioning of the heart that results in excessive fluid in the body), hypertension (high blood pressure), A-Fib (atrial fibrillation, abnormal heart rhythm that results in ineffective blood circulation out of the heart), and pacemaker. The plans of care available for Resident 82 did not include the use of the cardiac pacemaker monitoring machine. Interview with the Nursing Home Administer and the Director of Nursing on April 9, 2026, at 2:30 PM reviewed concerns regarding the available care plan information for Resident 82's pacemaker monitoring device. Interview with the Nursing Home Administrator and the Director of Nursing on April 10, 2026, at 8:55 AM confirmed that the facility had not incorporated information regarding Resident 82's pacemaker monitoring machine into his plan of care until following the surveyor's questioning. Resident 82's available plan of care did not stipulate how the transmitter transmits (e.g., cell phone connection or Wi-Fi), what, if any interventions are implemented in the event of a power or Wi-Fi service interruption, or Resident 82's expected heart rate parameters (e.g., 70 to 90 beats per minute). Clinical record review for Resident 12 revealed an active physician order dated February 24, 2026, that staff ensure the application of supplemental oxygen at two liters per minute continuously. Observation of Resident 12's room on April 8, 2026, at 11:14 AM revealed a room concentrator running to administer supplemental oxygen to Resident 12. Clinical record review for Resident 12 revealed that she had no plan of care that indicated she used supplemental oxygen. Interview with the Director of Nursing on April 10, 2026, at 10:00 AM confirmed that the facility did not implement Resident 12's supplemental oxygen use in her plan of care until after the surveyor's questioning. 483.21(b)(2)(i-iii) Care Plan Timing and RevisionPreviously cited deficiency 5/23/25 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Valley View Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2140 Warrensville Road Montoursville, PA 17754	

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assist a resident in gaining access to vision and hearing services. Based on clinical record review and resident and staff interview it was determined that the facility failed to implement treatment and assistive devices to maintain vision and hearing abilities for two of two residents reviewed for vision and hearing concerns (Residents 56 and 139).Findings include: Interview with Resident 56 on April 7, 2026, at 11:17 AM revealed that she had no professional eye appointments since her admission to the facility. Clinical record review for Resident 56 revealed that the facility admitted her on May 30, 2025. Review of Resident 56's diagnoses list indicated that she was diagnosed with essential hypertension (high blood pressure) and Parkinsonism (progressive neurological disorder that is characterized by degeneration of nerve cells in the brain). Both diagnoses risk damage to the eyes. Information available at https://www.parkinson.org/ (Parkinson's Foundation) included that Parkinson's can cause vision changes such as double vision, dry eyes, blurry vision, trouble reading, and difficulty opening the eyes. Some issues may be worsened by medications used to treat the condition. Management strategies include regular eye exams. Review of Resident 56's medication regime revealed the use of Sinemet 25-100 mg (Carbidopa-Levodopa, medication used to treat Parkinson symptoms such as muscle stiffness, tremors, spasms, and poor muscle control) three times a day since September 12, 2025. Information available at https://www.rxlist.com/sinemet-drug.htm (RX List) noted that blurred vision was one of the possible side effects from the use of Sinemet. Other adverse reactions that have been reported with Sinemet use include blepharospasm (involuntary, uncontrollable spasm or twitching of the eyelid muscles that can range from mild blinking to severe eyelid closure which may be taken as an early sign of excess dosage), oculogyric crises (an acute reaction in which the eyes deviate upward, usually in a sustained, involuntary fashion, often accompanied by discomfort or agitation), diplopia (double vision), blurred vision, and dilated pupils. The surveyor reviewed concerns of the lack of professional eye care while Resident 56 resided in the facility since May 30, 2025, during an interview with the Director of Nursing on April 8, 2026, at 2:45 PM. The surveyor requested evidence that Resident 56 declined professional eye care services or was provided professional eye care services since her admission to the facility. Documentation by medical records staff dated April 8, 2026, at 4:08 PM (following the surveyor's questioning) indicated the first conversation facility staff conducted with Resident 56 regarding professional eye care. Interview with the Nursing Home Administrator and the Director of Nursing on April 9, 2026, at 2:30 PM revealed that the facility has no contracted professional eye care provider. The interview indicated that staff who interview residents and/or their responsible parties on admission ask if there is a provider currently providing professional eye care services; however, may not offer the facility's services to arrange professional eye care. The interview confirmed that the facility staff who interviewed Resident 56 after the surveyor's questioning (medical records staff) would not have knowledge of Resident 56's risk factors for eye disease and would not have reviewed the risks and benefits of an eye exam at the time of the conversation. The facility had no evidence that Resident 56 declined professional eye care before the surveyor's questioning. Interview with the Nursing Home Administrator and the Director of Nursing on April 10, 2026, at 8:55 AM confirmed that the facility had no policy regarding the provision of routine professional eye services. Interview with Resident 139 on April 7, 2026, at 10:48 AM revealed that Resident 139 was very hard of hearing, and she required multiple repetitions of questions in louder volumes to respond appropriately. Resident 139 stated that she did not know where her hearing aids were. Interview with Resident 139 on April 8, 2026, at 11:15 AM again indicated that she did not have her hearing aids and that she was very hard of hearing. Interview with Employee 1 (licensed practical nurse) on April 8, 2026, at 11:34 AM revealed that staff do not give Resident 139 her hearing aid unless she asks for it. Staff store the hearing aid in the nursing unit's treatment room. Task documentation (a list of resident care needs available to nurse aide staff that provide care) active for Resident 139 during the onsite survey revealed that Resident 139 required a hearing aid in her left ear that would be implemented by nurse aide, licensed (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER: Valley View Rehab and Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2140 Warrensville Road, Montoursville, PA 17754	

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 0685 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	practical nurse, and registered nurse staff. Review of plans of care developed by the facility to identify Resident 139's care needs and list interventions implemented to meet those needs included no reference to hearing aid use. Review of Medication Administration and Treatment Administration Records (electronic documentation completed by licensed staff to attest to the provision of care) dated April 2026 revealed no reference to Resident 139's hearing aid use. An annual MDS (Minimum Data Set, an assessment tool completed at specific intervals to determine resident care needs) dated February 16, 2026, assessed Resident 139 with adequate hearing without the use of a hearing aid. The assessment indicated that the facility did not proceed to a care plan to address hearing concerns for Resident 139. Resident Assessment Instrument (RAI) instructions to complete Section B0200: Hearing of the MDS includes to, Ensure that the resident is using their normal hearing appliance if they have one. Hearing devices may not be as conventional as a hearing aid. Some residents by choice may use hearing amplifiers or a microphone and headphones as an alternative to hearing aids. Ensure the hearing appliance is operational. Staff failed to ensure Resident 139's use of a hearing aid during completion of the MDS assessment and failed to note any hearing difficulty to appropriately develop a plan of care to address her communication deficit and use of hearing aids. Nursing documentation dated April 2, 2026, at 11:52 AM noted that Resident 139 was hard of hearing but that she did not have her hearing aids present. Interview with the Director of Nursing and the Nursing Home Administrator on April 9, 2026, at 2:30 PM indicated that staff discontinued a physician order to ensure a right and left hearing aid was put in Resident 139's ears in the morning every day when she was hospitalized (March 29, 2026) and did not resume the treatment order upon her return to the facility (April 2, 2026). 28 Pa. Code 201.21(c) Use of outside resources 28 Pa. Code 211.10(d) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure an environment free from the potential spread of infection related to indwelling catheter equipment for one of two residents reviewed for catheter concerns (Resident 11), respiratory equipment for one of two residents reviewed for respiratory concerns (Resident 139), and laundry processing in the facility's main laundry facilities.Findings include: Interview with Employee 8 (licensed practical nurse/infection control prevention coordinator) on April 10, 2026, at 12:40 PM revealed that the facility had no established policy or employee competency guideline that addressed the appropriate steps to ensure indwelling urinary catheter equipment remained free of contamination when not in use. The interview confirmed that the facility provided care to residents who exchange a smaller urinary collection (e.g., leg) bag during the day with a larger urinary collection bag overnight. Clinical record review for Resident 11 revealed active physician orders dated February 17, 2026, for staff to implement a Foley catheter (thin tube that goes in through the urethra and up to the bladder to drain urine) due to obstructive uropathy related to benign prostatic hypertrophy (an enlarged prostate gland restricts the flow of urine out of the bladder through the urethra). An active physician order dated February 17, 2026, instructed staff to attach the Foley catheter to a leg bag when Resident 11 was out of bed. Observation of Resident 11's bathroom on April 8, 2026, at 10:59 AM with Employee 10 (nurse aide) revealed a large, open, plastic bag tied to an assist bar near the toilet that contained a large urinary collection bag and tubing. The end of the tubing (that would connect to Resident 11's Foley catheter) was not covered or capped to prevent potential environmental contamination. Observation of Resident 11's bathroom on April 10, 2026, at 12:23 PM with Employee 11 (nurse aide) revealed that staff continued to store Resident 11's large urinary collection bag and tubing in the open plastic bag without an intervention (e.g., cap) to prevent potential environmental contamination of the connector end when not in use. The surveyor reviewed the above concerns regarding Resident 11's Foley catheter equipment storage during an interview with the Nursing Home Administrator on April 10, 2026, at 1:47 PM. Observation of the facility's main laundry facility with Employee 9 (laundry/housekeeping) on April 10, 2026, at 1:11 PM revealed that staff utilized large yellow bins to transport clean laundry from the washers to the dryers and from the dryers to the sorting area. Employee 9 stated that they are, labeled, to ensure that the yellow bins are used only for clean laundry. Observation of the room that contained the facility's washers on April 10, 2026, at 1:18 PM revealed a yellow bin labeled, Clean, that contained residents' personal laundry. Interview with Employee 9 on the date and time of the observation revealed that the laundry was not processed yet (was dirty/soiled laundry) waiting for staff to load into the washer. Employee 9 confirmed that the laundry stored in the Clean, bin was not, in fact, cleaned. The surveyor reviewed the concerns identified in the facility's main laundry facility during an interview with the Nursing Home Administrator on April 10, 2026, at 1:47 PM. Observation of Resident 139's room on April 7, 2026, at 11:05 AM revealed a respiratory mask hanging, uncovered, from a drawer in her bedside stand. Observation of Resident 139's room on April 8, 2026, at 11:15 AM again revealed the respiratory mask hanging, uncovered, from a drawer in her bedside stand. Interview with Employee 1 (licensed practical nurse) on April 8, 2026, at 11:34 AM revealed that the respiratory mask was utilized for Resident 139's CPAP (machine takes in room air, filters and pressurizes it, before delivering it through a tube and mask to the resident) treatments, and that it should be in a black bag to protect it from potential environmental contaminants. Employee 1 placed the mask in a black bag hanging from Resident 139's oxygen room concentrator machine (medical device that takes in room air, concentrates the oxygen concentration, and delivers it back to the resident via tubing and a mask or nasal prongs) and stored the equipment on Resident 139's bedside stand (available for use). Employee 1 stated that a respiratory therapist provides Resident 139's equipment. A physician's order dated October 17, 2024, implemented the use of a CPAP with supplemental oxygen every evening and night shift until (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	discontinued February 16, 2026. Review of Resident 139's Treatment Administration Record (electronic documentation completed by licensed staff to attest to the implementation of care) dated February 2026 revealed that Resident 139's CPAP treatment was no longer implemented after February 15, 2026. Interview with the Director of Nursing on April 9, 2026, at 8:49 AM confirmed that staff failed to remove, or store appropriately, Resident 139's CPAP equipment when her physician discontinued the treatment more than seven weeks earlier. 483.80(a)(1)(2)(4)(e)(f) Infection Prevention and ControlPreviously cited deficiency 5/23/26 28 Pa. Code 211.10(a)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(3)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of select facility policies and procedures, clinical record review, and staff interview, it was determined that the facility failed to maintain policies and procedures that each resident is offered a pneumococcal immunization per current Centers for Disease Control (CDC) guidelines; and failed to ensure that the resident's medical record included required documentation related to pneumococcal immunizations for one of five residents reviewed for immunization concerns (Resident 14).Findings include: Review of the facility's policy entitled, Influenza, RSV, Pneumococcal and COVID-19 Vaccination, last reviewed on March 14, 2025, revealed that a resident may receive a Pneumovax23 or Prevnar13 (PCV13) pneumococcal vaccine (once per lifetime or after five years if age [AGE] years of age or less following the first immunization). Upon admission, the resident will be screened to determine if they are current on pneumococcal immunizations and consent for pneumococcal vaccination will be obtained from the resident/responsible party. Documentation of vaccinations and consent will be maintained in the resident's medical record. The pneumococcal immunization status of all residents will be determined on admission. A pneumococcal vaccination, Pneumovax23 (PPSV23), will be offered to all residents who cannot provide documentation of previous vaccination. The routine vaccination schedule indicated that for those age [AGE] years or older, one PPSV23 dose would be administered at least five years after the previous dose if the first dose was received before age [AGE]. Based on shared clinical decision-making, one dose of PCV13 would be administered if not previously received and at least one year elapsed since a previous vaccination. The immunization record of all residents in the facility will be reviewed each year in the fall. Current CDC website information notes that there are four pneumococcal vaccines available in the United States. Pneumococcal conjugate vaccines (PCVs: PCV15, PCV20 (Prevnar20), and PCV21) and pneumococcal polysaccharide vaccine (PPSV23). Each of these vaccines helps protect against specific serotypes, or strains, of pneumococcal bacteria. The number at the end of the vaccine name tells how many strains the vaccine includes. CDC Pneumococcal Vaccine Timing for Adults (https://www-new.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf) instructs that a complete series would be a PCV13 (Prevnar 13, pneumococcal conjugate vaccine) at any age, a PPSV23 (Pneumovax 23, pneumococcal polysaccharide vaccine) at greater than or equal to 65 years, and together with the resident, vaccine providers may choose to administer PCV20 (Prevnar 20, 20-valent pneumococcal conjugate vaccine) or PCV21 (CAPVAXIVE, 21-valent conjugate vaccine) to adults greater than or equal to [AGE] years old who have already received the PCV13 (but not PCV15, PCV20, or PCV21) at any age and PPSV23 at or after the age of [AGE] years old. The CDC stipulates that, Based on shared clinical decision-making, decide whether to administer one dose of PCV20 or PCV21 at least 5 years after the last pneumococcal vaccine dose. The facility's pneumococcal immunization policy did not incorporate current CDC recommendations for pneumococcal immunizations. The surveyor reviewed the above concern regarding the pneumococcal immunization policy developed by the facility during an interview with the Nursing Home Administrator and the Director of Nursing on April 10, 2026, at 8:55 AM. The surveyor requested that the facility provide instruction where to find in residents' medical records documentation that: the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization and that the resident either received the pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal during interviews with the Director of Nursing on April 7, 2026, at 8:50 AM; April 8, 2026, at 2:45 PM; and April 9, 2026, at 2:30 PM. The interviews indicated that all documentation related to residents' immunization status should be scanned into the residents' electronic medical record. Clinical record review for Resident 14 revealed that she received her most recent pneumococcal immunization before her admission to the facility which was a Pneumovax (PPSV23) vaccine on October 23, 2023 (when (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395895	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	she was [AGE] years old). There was no evidence available to indicate that the facility educated Resident 14 or her representative regarding the most current CDC guidelines related to pneumococcal immunizations (PCV15, PCV20, or PCV21), the risks and benefits of updating her pneumococcal immunization, or that Resident 14 or her representative declined or authorized the administration of a pneumococcal immunization. Interview with Employee 8 (licensed practical nurse/infection control prevention coordinator) on April 10, 2026, at 12:40 PM confirmed that the facility's active pneumococcal immunization policy did not incorporate current CDC recommendations. The interview indicated that she possessed documentation in a folder in her office that Resident 14 declined a pneumococcal immunization September 26, 2025 (more than six months earlier), however, this documentation was not included in either Resident 14's electronic or physical medical record available to facility staff. The surveyor reviewed the above concerns related to the facility's pneumococcal immunization policy and the documentation not available for the surveyor's review for Resident 14 per regulatory requirements during an interview with the Nursing Home Administrator on April 10, 2026, at 1:47 PM. 28 Pa. Code 201.14(a) Responsibility of licensee 28 Pa. Code 201.18(b)(1) Management 28 Pa. Code 211.5(f)(i)-(xi) Medical records 28 Pa. Code 211.12(d)(1)(5) Nursing services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation and staff interview, it was determined that the facility failed to ensure the results of the most recent surveys were posted in a place readily accessible to residents, family members, and legal representatives in one of one area reviewed (main lobby). Findings include: Observation of the main lobby of the facility on April 7, 2026, at 2:20 PM revealed a binder in a wall pocket that was titled, Department of Health Survey / Notice of Privacy Practices, that should contain the results of the most recent survey of the facility conducted by Federal or State surveyors and any plan of correction in effect with respect to the facility. Further review of the binder revealed that the most recent survey was dated July 28, 2023. These findings were reviewed with the Nursing Home Administrator on April 7, 2026, at 2:23 PM. A follow-up interview with the Nursing Home Administrator on April 7, 2026, at 2:31 PM revealed that the recent survey results were not printed and placed in the binder. 28 Pa. Code 201.14(a) Responsibility of licensee

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	395895	A. Building B. Wing	04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Rehab and Nursing Center	2140 Warrensville Road Montoursville, PA 17754

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 0814 Level of Harm - Potential for minimal harm Residents Affected - Many	Dispose of garbage and refuse properly. Based on observation and staff interview, it was determined that the facility failed to properly contain and dispose of garbage at the observed facility trash dumpster.Findings include: Observation of the facility's main dumpster on April 7, 2026, at 9:00 AM revealed the following: There were multiple medical gloves in the grass area adjacent to the dumpster. There was various debris on the ground that included a crumpled cigarette pack, a discarded spoon, and additional debris. There was a mattress discarded on the ground in the grass area adjacent to the dumpster. The mattress top had water and dead leaves accumulated on the top of it. The above information was reviewed in a meeting with the Director of Nursing on April 8, 2026, at 2:45 PM. 28 Pa. Code 201.14(a) Responsibility of licensee