

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395167	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/03/2025
NAME OF PROVIDER OR SUPPLIER: VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE: 7650 ROUTE 309 COOPERSBURG, PA 18036		
STATE LICENSE NUMBER: 480202				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
F 0000	INITIAL COMMENT	F 0000		
F 0806 SS=D	Based on an Abbreviated survey in response to two complaints completed on January 3, 2025, it was determined that Valley Manor Rehabilitation and Healthcare Center was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care and the 28 Pa. Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations as they relate to the Health portion of the survey.	F 0806		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0806 SS=D	Continued from page 1 483.60(d)(4)(5) Resident Allergies, Preferences, Substitutes §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(4) Food that accommodates resident allergies, intolerances, and preferences; §483.60(d)(5) Appealing options of similar nutritive value to residents who choose not to eat food that is initially served or who request a different meal choice; This REQUIREMENT is not met as evidenced by:	F 0806	Facility provided re-education to the dietary staff on following food preferences listed for residents. NHA/Food Service Director will review job functions of the dietary tray line with the tray line staff. Re-education will include having last person on the tray line double checking items on tray against items listed on preferences. NHA/Designee will conduct audits 3 times a week for 2 weeks, then weekly for 4 weeks to ensure residents are being served items according to their listed preferences. All results will be reported to the QAPI Committee.	Completion Date: 01/22/2025 Status: APPROVED Date: 01/16/2025

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F 0806 SS=D	Continued from page 2 Based on clinical record review, observation, and staff interview, it was determined that the facility failed to ensure that residents were served preferred items on their meal trays for two of six sampled residents. (Residents 2, 3) Findings include: Review of the current daily menu posted at the nurses' station revealed that the lunch meal for January 3, 2025, consisted of baked fish, oven roasted potatoes, buttered carrots, and peach cobbler. An alternate side was buttered noodles, and alternate meals were a grilled cheese sandwich, a lunch meat sandwich, a peanut butter and jelly sandwich, or a hot dog. No beverages were listed on the menu. Clinical record review revealed that Resident 2 had a diagnosis of anxiety and hypertension. The Minimum Data Set (MDS) assessment dated September 30, 2024, indicated that the resident was alert and oriented. Observations on January 3,	F 0806		

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F 0806 SS=D	Continued from page 3 2025, at 12:58 p.m., revealed the resident was served her lunch of baked fish, buttered noodles, buttered carrots, and peach cobbler. Review of her meal tray ticket revealed that she disliked carrots. In an interview with the resident at that time, she confirmed that she did not like carrots, was not offered a substitute, and often received items she did not prefer. Clinical record review revealed that Resident 3 had diagnoses that included heart failure and diabetes. The MDS assessment dated December 10, 2024, indicated that the resident was alert and oriented. Observation on January 3, 2025, at 1:05 p.m., revealed the resident received his meal of baked fish, oven roasted potatoes, buttered carrots, peach cobbler, lemonade, and two diet cranberry juices. In an interview with the resident at that time, he stated that he was frequently served lemonade on his meal tray, even though his meal ticket said he disliked lemonade. A review of the resident's meal tray ticket revealed that he was not to receive lemonade.	F 0806		

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F 0806 SS=D	Continued from page 4 In an interview on January 3, 2025, at 3:10 p.m., the Administrator stated that the dietary department was expected to follow the residents' preferences identified on the meal tickets. 28 Pa. Code 201.14(a) Responsibility of licensee. 28 Pa. Code 201.18(b) Management.	F 0806		

Pennsylvania Department of Health

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P 4920	<p>Dietary Services.</p> <p>(a) Menus shall be planned and posted in the facility or distributed to residents at least 2 weeks in advance. Records of menus of foods actually served shall be retained for 30 days. When changes in the menu are necessary, substitutions shall provide equal nutritive value.</p> <p>This REGULATION is not met as evidenced by:</p>	P 4920	<p>Dietary Director was posting menus in a common area daily; the NHA re-educated the director on posting menus two weeks in advance.</p> <p>Dietary Director will distribute two weeks worth of menus at least weekly to residents and have them posted as well.</p> <p>NHA/Designee will conduct audits to ensure two weeks worth of menus are posted and available for residents. Audit will be conducted weekly at 4 weeks, then monthly x 2. All results will be reported to the QAPI Committee.</p>	<p>Completion Date: 01/22/2025 Status: APPROVED Date: 01/16/2025</p>

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P 4920	<p>Continued from page 1</p> <p>Based on observation and staff interview, it was determined the facility failed to post menus in the facility or distribute menus to residents at least two weeks in advance.</p> <p>Findings include:</p> <p>A tour of the facility conducted on Friday, January 3, 2025, at 10:30 a.m., revealed that full menus were not posted at least two weeks in advance on the nursing units. The menus posted only included lunch and dinner meals for January 3 and 4, 2025.</p> <p>In an interview on January 3, 2025, at 12:45 p.m., the Registered Dietician stated they did not give menus to residents and did not post menus two weeks in advance.</p> <p>In an interview on January 3, 2025, at 3:00 p.m., the Nursing Home Administrator confirmed that menus were not being posted or distributed two weeks in advance.</p>	P 4920		

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P 4920	Continued from page 2 28 Pa. Code 211.6(a) Dietary services.	P 4920			



Certified End Page

VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 480202

SURVEY EXIT DATE: 01/03/2025

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY