

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: 01/17/2025
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NAME OF PROVIDER OR SUPPLIER: VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER STATE LICENSE NUMBER: 480202	STREET ADDRESS, CITY, STATE, ZIP CODE: 7650 ROUTE 309 COOPERSBURG, PA 18036
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(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
P 5520	<p>Nursing services.</p> <p>(3) Effective July 1, 2024, a minimum of 1 nurse aide per 10 residents during the day, 1 nurse aide per 11 residents during the evening, and 1 nurse aide per 15 residents overnight.</p> <p>This REGULATION is not met as evidenced by:</p>	P 5520	<p>The facility staffs the facility to at least meet the required staffing ratios of NAs, including the use of agency staff if necessary. When there are staff call outs, the facility attempts to call other staff in and notify agency staff as well. Facility continues to focus on recruitment and retention activities.</p> <p>Valley Manor will hold staffing meetings throughout the week to monitor staffing ratio compliance.</p> <p>NHA or designee will educate DON/ADON/ and Nursing Supervisors on state ratio staffing regulation.</p> <p>To monitor the corrective action and ensure that it does not recur, the DON will audit nursing staff to resident ratios weekly X4; bi-weekly X 2 and monthly X 1. The results will be reviewed at the QAPI meeting.</p>	<p>Completion Date: 01/22/2025 Status: APPROVED Date: 01/22/2025</p>

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

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STATE LICENSE NUMBER: 480202				
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P 5520	Continued from page 1 Based on a review of nursing time schedules, it was determined that the facility failed to meet the minimum nurse aide (NA) to resident ratios for one of seven days reviewed. Findings include: Review of nursing schedules for seven days from January 10 through January 16, 2025, revealed the following: The facility failed to meet the minimum NA to resident ratio of one NA for ten residents on day shift (7:00 a.m. to 3:00 p.m.) on January 11, 2025. During an interview on January 17, 2025, at 12:00 p.m., the Director of Nursing confirmed that the facility did not meet the required NA to resident ratios on the day identified.	P 5520		
P 5640		P 5640		

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P 5640	Continued from page 2 Nursing services. (2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident. This REGULATION is not met as evidenced by:	P 5640	The facility staffs the facility to at least meet the required staffing ratios of NAs, including the use of agency staff if necessary. When there are staff call outs, the facility attempts to call other staff in and notify agency staff as well. Facility continues to focus on recruitment and retention activities. Valley Manor will hold staffing meetings throughout the week to monitor state staffing ppd compliance. NHA or designee will educate DON/ADON/ and Nursing Supervisors on state staffing ppd regulation. To monitor the corrective action and ensure that it does not recur, the DON will audit PPD weekly X4; bi-weekly X 2 and monthly X 1. The results will be reviewed at the QAPI meeting.	Completion Date: 01/22/2025 Status: APPROVED Date: 01/22/2025

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P 5640	Continued from page 3 Based on a review of nursing time schedules, it was determined that the facility failed to provide a minimum of 3.2 hours of direct care for each resident for one of seven days reviewed. Findings include: Review of nursing schedules for seven days from January 10 through January 16, 2025, revealed the following total nursing care hours below minimum requirements: Saturday, January 11, 2025: 3.17 care hours per resident. During an interview on January 17, 2025, at 12:00 p.m., the Director of Nursing confirmed that the facility did not meet the minimum required nursing care hours on the day identified.	P 5640		



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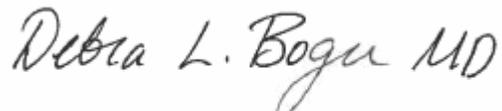
VALLEY MANOR REHABILITATION AND HEALTHCARE CENTER

STATE LICENSE NUMBER: 480202

SURVEY EXIT DATE: 01/17/2025

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