

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: __ B. WING: __	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
NAME OF PROVIDER OR SUPPLIER: <b>VALLEY VIEW HAVEN, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>4702 E MAIN STREET BELLEVILLE, PA 17004</b>		
STATE LICENSE NUMBER: <b>220402</b>				
(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
E 0000	INITIAL COMMENT  Based on an Emergency Preparedness Survey conducted on April 23, 2025, at Valley View Haven, Inc., it was determined there were no deficiencies identified with the requirements of 42 CFR 483.73.	E 0000		

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.

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# Certified End Page

**VALLEY VIEW HAVEN, INC.**

**STATE LICENSE NUMBER: 220402**

**SURVEY EXIT DATE: 04/23/2025**

**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

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K 0000	INITIAL COMMENT  Facility ID #220402 Component 01 Main Building (100-300 Wings)  Based on a Medicare/Medicaid Recertification Survey conducted on April 22 & 23, 2025, it was determined that Valley View Haven, Inc. was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).  This is a two-story, Type III (200), unprotected ordinary structure, which is fully sprinklered.	K 0000		
K 0161 SS=C		K 0161		

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

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K 0161  SS=C	Continued from page 1  NFPA 101 Building Construction Type and Height  Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5  Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered  2 II (111) One story non-sprinklered Maximum 3 stories sprinklered  3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)  7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small	K 0161	The facility submits this Plan of Correction based on the Department of Health's identification of areas that are determined to represent deficient practice. Facility submits this Plan of Correction for the identified tag.  The facility will request Division of Safety to conduct an FSES survey.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>04/29/2025</b>

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K 0161  SS=C	Continued from page 2  floor plan of the building as appropriate.  This REQUIREMENT is not met as evidenced by:  Based on observation and interview, it was determined the facility failed to maintain building construction requirements, affecting the entire component.  Findings include:  1. Observation of building construction on April 22, 2025, between 11:15 AM and 1:30 PM, revealed the facility is a two-story, Type III (200), unprotected ordinary structure, which is not permitted in Health Care.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the facility exceeded the maximum allowable story height, for this type of construction.	K 0161		

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K 0291  SS=C	<p>NFPA 101 Emergency Lighting</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1</p> <p>This REQUIREMENT is not met as evidenced by:</p>	K 0291	<p>Battery back-up emergency lighting testing will be completed.</p> <p>Maintenance staff will be educated on completion of battery back up emergency light testing.</p> <p>Battery back-up emergency lighting testing will be conducted and repeated annually.</p> <p>Random audit will be completed quarterly to ensure that battery back-up emergency lighting testing has been completed. Results will be reported to the Quality Assurance Steering Committee.</p>	<p>Completion Date: <b>05/27/2025</b></p> <p>Status: <b>APPROVED</b></p> <p>Date: <b>05/01/2025</b></p>

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K 0291  SS=C	Continued from page 4  Based on document review and interview, it was determined the facility failed to maintain documentation, verifying annual inspections, affecting the entire component.  Findings include:  1. Review of documentation on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to provide documentation verifying battery back-up emergency lighting had been subjected to an annual test, for one year.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the lack of documentation verifying annual battery back-up lighting tests.	K 0291		
K 0353  SS=E		K 0353		

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K 0353  SS=E	Continued from page 5  NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25  This REQUIREMENT is not met as evidenced by:	K 0353	The Sprinklers in the laundry room dryer chase and wash machine room were cleaned.  Maintenance and Laundry was educated on how to complete cleaning on the sprinkler heads in the laundry room.  Sprinklers will be audited weekly for 4 weeks then monthly for 3 months and then quarterly following. Results will be reported to the Quality Assurance Steering Committee.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/05/2025</b>

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K 0353  SS=E	Continued from page 6  Based on observation and interview, it was determined the facility failed to maintain the automatic sprinkler system to be free of obstructions, in one of two smoke zones within component.  Findings include:  1. Observation on April 23, 2025, between 10:15 AM and 10:20 AM, revealed sprinkler heads covered with debris, at the following locations:  a. 10:15 AM, Laundry Room, Dryer Chase Room; b. 10:18 AM, Laundry Room, Wash Machine Room; c. 10:20 AM, Laundry Room, Laundry Folding Room, 4 sprinkler heads.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed debris covering sprinkler heads.	K 0353		

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K 0371  SS=B	NFPA 101 Subdivision of Building Spaces - Smoke Compar  Subdivision of Building Spaces - Smoke Compartments 2012 EXISTING Smoke barriers shall be provided to form at least two smoke compartments on every sleeping floor with a 30 or more patient bed capacity. Size of compartments cannot exceed 22,500 square feet or a 200-foot travel distance from any point in the compartment to a door in the smoke barrier. 19.3.7.1, 19.3.7.2 Detail in REMARKS zone dimensions including length of zones and dead-end corridors.  This REQUIREMENT is not met as evidenced by:	K 0371	The facility will request the Division of Safety to conduct an FSES Survey	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>04/29/2025</b>

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K 0371  SS=B	Continued from page 8  Based on observation and interview, it was determined the facility failed to provide smoke compartments no greater than 22,500 square feet, affecting one of two smoke compartments within the component.  Findings include:  1. Observation on April 22, 2023, between 11:15 AM and 1:30 PM, revealed the 1st floor smoke compartment was greater than 22,500 square feet.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the smoke compartment was in excess of 22,500 square feet.	K 0371		
K 0918  SS=F		K 0918		

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K 0918  SS=F	Continued from page 9  NFPA 101 Electrical Systems - Essential Electric System  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Facility cannot retroactively correct the missed documentation.  4-hour load test will be completed.  The maintenance director will be educated on the completion of the 4-hour load test completion.  An audit will be completed quarterly to ensure the 4 hour load test is completed as required. Results of this audit will be reported to the Quality Assurance Steering Committee.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

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K 0918  SS=F	Continued from page 10  (NFPA 70)  This REQUIREMENT is not met as evidenced by:  Based on document review and interview, it was determined the facility failed to perform a 3-year, 4-hour load testing required for the Essential Electrical System, which serves the entire component.  Findings include:  1. Review of documentation and interview on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to perform a tri-annual 4-hour load test. Last documented test was performed December 2021.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the facility failed to perform the tri-annual 4-hour load test.	K 0918		



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Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



**Pennsylvania  
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K 0000	INITIAL COMMENT  Facility ID #220402 Component 02 Building 2 (400-500 Wings)  Based on a Medicare/Medicaid Recertification Survey conducted on April 22 & 23, 2025, it was determined that Valley View Haven, Inc. was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).  This is a one-story, Type II (000), unprotected noncombustible structure, which is fully sprinklered.	K 0000		
K 0291 SS=C		K 0291		

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K 0291  SS=C	Continued from page 1  NFPA 101 Emergency Lighting  Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1  This REQUIREMENT is not met as evidenced by:	K 0291	Battery back-up emergency lighting testing will be completed.  Maintenance staff will be educated on completion of battery back up emergency light testing.  Battery back-up emergency lighting testing will be conducted and repeated annually.  Random audit will be completed quarterly to ensure that battery back-up emergency lighting testing has been completed. Results will be reported to the Quality Assurance Steering Committee.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

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NAME OF PROVIDER OR SUPPLIER: <b>VALLEY VIEW HAVEN, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE: <b>4702 E MAIN STREET BELLEVILLE, PA 17004</b>		
STATE LICENSE NUMBER: <b>220402</b>				
(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
K 0291  SS=C	Continued from page 2  Based on document review and interview, it was determined the facility failed to maintain documentation, verifying annual inspections, affecting the entire component.  Findings include:  1. Review of documentation on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to provide documentation verifying battery back-up emergency lighting had been subjected to an annual test, for one year.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the lack of documentation verifying annual battery back-up lighting tests.	K 0291		
K 0918  SS=F		K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>	
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K 0918  SS=F	Continued from page 3  NFPA 101 Electrical Systems - Essential Electric System  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10	K 0918	Facility cannot retroactively correct the missed documentation.  4-hour load test will be completed.  The maintenance director will be educated on the completion of the 4-hour load test completion.  An audit will be completed quarterly to ensure the 4 hour load test is completed as required. Results of this audit will be reported to the Quality Assurance Steering Committee.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>02</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>	
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K 0918  SS=F	Continued from page 4  (NFPA 70)  This REQUIREMENT is not met as evidenced by:  Based on document review and interview, it was determined the facility failed to perform a 3-year, 4-hour load testing required for the Essential Electrical System, which serves the entire component.  Findings include:  1. Review of documentation and interview on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to perform a tri-annual 4-hour load test. Last documented test was performed December 2021.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the facility failed to perform the tri-annual 4-hour load test.	K 0918		



# Certified End Page

**VALLEY VIEW HAVEN, INC.**

**STATE LICENSE NUMBER: 220402**

**SURVEY EXIT DATE: 04/23/2025**

**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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0000	INITIAL COMMENT  Facility ID #220402 Component 04 New Addition  Based on a Medicare/Medicaid Recertification Survey completed on April 23, 2025, it was determined that Valley View Haven, Inc. was not in compliance with the following requirements of the Life Safety Code for an existing health care occupancy. Compliance with the National Fire Protection Association's Life Safety Code is required by 42 CFR 483.90(a).  This is a two-story, Type II (III), protected noncombustible structure, with a partial basement, which is fully sprinklered.	K 0000		
K 0291 SS=C		K 0291		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0291  SS=C	Continued from page 1  NFPA 101 Emergency Lighting  Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1  This REQUIREMENT is not met as evidenced by:	K 0291	Battery back-up emergency lighting testing will be completed.  Maintenance staff will be educated on completion of battery back up emergency light testing.  Battery back-up emergency lighting testing will be conducted and repeated annually.  Random audit will be completed quarterly to ensure that battery back-up emergency lighting testing has been completed. Results will be reported to the Quality Assurance Steering Committee.	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0291  SS=C	Continued from page 2  Based on document review and interview, it was determined the facility failed to maintain documentation, verifying annual inspections, affecting the entire component.  Findings include:  1. Review of documentation on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to provide documentation verifying battery back-up emergency lighting had been subjected to an annual test, for one year.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the lack of documentation verifying annual battery back-up lighting tests.	K 0291		
K 0321  SS=E		K 0321		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0321  SS=E	Continued from page 4  This REQUIREMENT is not met as evidenced by:	K 0321		
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K 0321  SS=E	Continued from page 5  Based on observation and interview, it was determined the facility failed to maintain hazardous area doors, to be within the allowed gap margins and self-close, in one of five smoke zones within the component.  Findings include:  1. Observation on April 22, 2025, between 12:30 PM and 12:40 PM, revealed hazardous area doors exceeded minimum gap margins and failed to self-close, at the following locations:  a. 12:30 PM, basement, Mechanical Room door, exceeded 1/8 top and failed to self-close, due to a faulty coordinator; b. 12:40 PM, basement, Storage Room door, exceeded 1/8 top and failed to self-close, due to a faulty coordinator.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed doors exceeded minimum gap	K 0321		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0321  SS=E	Continued from page 6  margins and failed to self-close.	K 0321		
K 0918  SS=F	NFPA 101 Electrical Systems - Essential Electric Syste  Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the	K 0918	Facility cannot retroactively correct the missed documentation.  4-hour load test will be completed.  The maintenance director will be educated on the completion of the 4-hour load test completion.  An audit will be completed quarterly to ensure the 4 hour load test is completed as required. Results of this audit will be reported to the Quality Assurance Steering Committee	Completion Date: <b>05/27/2025</b> Status: <b>APPROVED</b> Date: <b>05/01/2025</b>

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K 0918  SS=F	Continued from page 7  emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)  This REQUIREMENT is not met as evidenced by:	K 0918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>395787</b>	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>04</u> B. WING: _____	(X3) DATE SURVEY COMPLETED:  <b>04/23/2025</b>
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K 0918  SS=F	Continued from page 8  Based on document review and interview, it was determined the facility failed to perform a 3-year, 4-hour load testing required for the Essential Electrical System, which serves the entire component.  Findings include:  1. Review of documentation and interview on April 22, 2025, between 9:30 AM and 11:15 AM, revealed the facility failed to perform a tri-annual 4-hour load test. Last documented test was performed December 2021.  Exit interview with the Chief Executive Officer and Director of Campus Services on April 23, 2025, at 1:15 PM, confirmed the facility failed to perform the tri-annual 4-hour load test	K 0918		



# Certified End Page

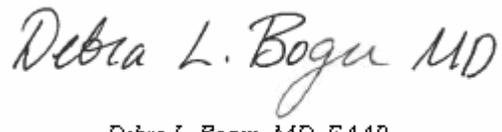
**VALLEY VIEW HAVEN, INC.**

**STATE LICENSE NUMBER: 220402**

**SURVEY EXIT DATE: 04/23/2025**

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Jeanne Parisi  
Deputy Secretary for Quality Assurance

  
Debra L. Bogen, MD, FAAP  
Secretary of Health



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