

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/13/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315409	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/22/2023
NAME OF PROVIDER OR SUPPLIER Valley View Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Summit Avenue Newton, NJ 07860	
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	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34389</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to revise a comprehensive care plan post fall for a resident who fell and sustained a left radial fracture. This deficient practice was identified for 1 of 1 resident (Resident #7) reviewed for falls.</p> <p>This deficient practice was evidenced by the following:</p> <p>On 11/16/23 at 11:44 AM, the surveyor observed the resident in his/her room seated in a chair combing his/her hair. The resident was able to tell the surveyor that he/she had a fall sometime in September in the bathroom and broke his/her wrist. The resident stated, I slipped and fell and showed the surveyor a yellow bracelet on his/her wrist which indicated fall risk.</p> <p>The surveyor reviewed the medical record for Resident #7.</p> <p>A review of the Admission Record reflected that the resident was admitted to the facility with diagnoses that included but not limited to: pneumonia, unspecified organism, unspecified fracture of the lower end of left radius, initial encounter for closed fracture, urinary tract infection, site not specified, and unspecified fall, subsequent encounter.</p> <p>A review of the quarterly Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 10/6/23 revealed that the resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated the resident had intact cognition. The MDS indicated the resident was frequently incontinent of bladder and bowels. Review of section J for Health conditions in the MDS indicated the resident had one fall with major injury since admission/entry or reentry or prior assessment.</p> <p>A review of the electronic Progress Notes (PN) dated 9/20/23, revealed that at 1220 am CNA [certified nursing aide] came and said PT [patient] was on the floor had fallen using the rest room. PT was on [his/her] back and exclaimed [he/she] had left wrist pain and a visible skin tear on the top forearm. Vital were checked ROM [range of motion] and PROM [passive range of motion] PT had diarrhea last shift and was covid negative. Dr. [name redacted] was notified along with [his/her] family member. PT was taken to [name redacted] for evaluation.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

TITLE

(X6) DATE

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Further review of the electronic PN dated 9/20/23, revealed that the resident returned to the facility with splint to L [left] arm in place and per hospital note has a closed fracture of shaft L radius (left wrist).</p> <p>Review of the fall risk assessment in the electronic medical record revealed the following assessments:</p> <ul style="list-style-type: none"> - Fall risk assessment dated [DATE] revealed a fall risk score of 1 which indicated low risk. - Fall risk assessment dated [DATE] revealed a fall risk score of 1 which indicated low risk. - Fall risk assessment dated [DATE] revealed a fall risk score of 2 which indicated low risk. - Fall risk assessment dated [DATE] revealed a fall risk score of 5 which indicated low risk. <p>A review of the individualized interdisciplinary care plan (IDCP) revealed a IDCP initiated on 1/7/20 and revised 9/20/23, with a focus area for at risk for falls related to gait and balance problems and side effects of pain medications. [Resident #7] has fallen 9/16/22 and on 9/20/23 fell in BR [bathroom] and sustained closed fracture of shaft left radius. The goal of the IDCP was for the resident to be free of falls through the next review date.</p> <p>A review of the at risk for falls IDCP interventions revealed interventions dated 9/20/23, to monitor for pain and medicate PRN [as needed], follow up with Ortho [orthopedic], and splint to L [left] wrist/arm as ordered. There were no updated or revised IDCP interventions to address and prevent the resident from falling.</p> <p>On 11/17/23 at 12:20 PM, the surveyor interviewed the Director of Nursing (DON) and the Regional Administrator Consultant, a Registered Nurse (RN), who stated that the DON was responsible for developing, implementing, and updating care plans. The Regional Administrator Consultant stated that the care plan should have been updated with interventions to address and prevent the resident from falling again.</p> <p>At that same time, the DON stated that the care plan should have been updated either that same day or the next day. The Regional Administrator Consultant and the DON could not speak to why Resident #7's IDCP was not updated/revised with interventions to address and prevent further falls.</p> <p>A review of the facility Fall policy provided by the DON included the care plan is updated.</p> <p>A review of the facility Care Plans Comprehensive Person-Centered policy, provided by the DON, included that care plan interventions are chosen only after careful data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making. Care plan interventions address the underlying sources of the problem area(s), not just addressing only symptoms or triggers. The assessments of residents are ongoing and care plans are revised as information about the residents and the residents' condition change. The Interdisciplinary team or respective discipline must review and update the care when there is a significant change in the residents condition, when a desired outcome is not met, when a resident has been readmitted to the facility from a hospital stay and at least quarterly, in conjunction with the required quarterly MDS assessment.</p> <p>(continued on next page)</p>		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	NJAC 8:39-11.2(e)(1)(2)(h)(i), 27.1(a)(b)		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>37791</p> <p>Based on observation, interview and record review, it was determined that the facility failed to clarify a Physician's Order (PO) for oxygen administration in accordance with professional standards of practice for 1 of 1 resident reviewed for respiratory care (Resident #70).</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/15/23 at 11:41 AM, the surveyor observed Resident #70 in the facility activity room. Resident #70 was seated in a wheelchair and was participating in activities. The resident was receiving oxygen via nasal cannula. The oxygen concentrator was set at three liters per minute (LPM).</p> <p>On 11/16/23 at 11:10 AM, the surveyor observed Resident #70 in bed receiving oxygen via a nasal cannula. The oxygen concentrator was set at three LPM.</p> <p>The surveyor reviewed the medical record of Resident #70.</p> <p>Review of the Admission Record (an admission summary) revealed that the resident was admitted to the facility in November of 2023 with diagnoses which included but was not limited to; chronic obstructive pulmonary disease (COPD, (a group of diseases that cause airflow blockage and breathing-related problems), acute and chronic respiratory failure with hypoxia (acute respiratory failure results from acute or chronic impairment of gas exchange between lungs and blood) and acute on chronic systolic (congestive) heart failure (heart does not pump blood as well as it should).</p> <p>Review of the Admission Minimum Data Set (MDS), an assessment tool used to facilitate the management of care, dated 11/10/23, indicated that Resident #70 had a Brief Interview for Mental Status score of 12 out of 15, which indicated the resident's cognition was mildly impaired.</p> <p>Review of the November 2023 Order Summary Report (OSR) revealed a physician's order dated 11/3/23 for Oxygen at 2 LPM via nasal cannula.</p> <p>Review of the electronic progress notes revealed a nurses note dated 11/10/2023 at 22:03 (10:03 PM) which indicated, Patient on Oxygen at 3L/minute, no shortness of breath noted. No complaints of pain and discomfort. Requiring full assistance with ADL's. Call bell within reach.</p> <p>Further review of the electronic progress notes revealed a Health Status (nursing note) dated on 11/11/23 at 22:28 (10:28 PM) indicated, Resident is resting in [resident's] room watching TV when nurse came to check on [resident]. [Resident #70] verbal with needs. Confused at times but easily redirectable. No SOB noted however, [Resident] coughs once in a while with no little phlegm. [Resident's] on 3L of oxygen via nasal cannula. All medications are given with no issues. Nebulizer treatment given as ordered.</p> <p>On 11/16/23 at 11:15 AM, the surveyor, in the presence of a Licensed Practical Nurse (LPN), observed Resident #70 in their bed receiving oxygen via a nasal cannula. The LPN acknowledged that the resident's oxygen concentrator was set at 3 LPM. The LPN stated that the resident was receiving oxygen via nasal cannula at 3 LPM.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>On 11/16/23 at 11:20 AM, in the presence of the surveyor, the LPN reviewed Resident #70's electronic OSR and she acknowledged that the resident had an order for Oxygen at 2 LPM via nasal cannula. The LPN stated that the order in the electronic OSR should have been written for 3 LPM and that she would get a new order from the physician. She further stated that they were no orders to check the oxygen settings in the electronic medication administration record.</p> <p>On 11/21/2023 at 12:33 PM, the surveyor, in the presence of the survey team, presented the above concerns to the Regional Licensed Nursing Home Administrator, the Director of Nursing, and the facility Infection Preventionist.</p> <p>No further information was provided by the facility.</p> <p>Review of the facility's policy Oxygen Administration dated 10/2023 and provided by the DON, revealed Procedures: 1. Check physician's order for liter flow and method of administration.</p> <p>NJAC 8:39-11.2(a)(e)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37791</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to ensure that a medication was administered according to physician orders and acceptable standards of practice in accordance with the New Jersey Board of Nursing. This deficient practice was identified in 1 (one) of 6 (six) residents (Resident #9) observed during the medication observation pass.</p> <p>The deficient practice was evidenced by the following:</p> <p>Reference: New Jersey Statutes Annotated, Title 45. Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a registered professional nurse is defined as diagnosing and treating human responses to actual and potential physical and emotional health problems, through such services as case-finding, health teaching, health counseling, and provision of care supportive to or restorative of life and wellbeing, and executing medical regimens as prescribed by a licensed or otherwise legally authorized physician or dentist.</p> <p>Reference: New Jersey Statutes Annotated, Title 45, Chapter 11. Nursing Board. The Nurse Practice Act for the State of New Jersey states: The practice of nursing as a licensed practical nurse is defined as performing tasks and responsibilities within the framework of case finding; reinforcing the patient and family teaching program through health teaching, health counseling, and provision of supportive and restorative care, under the direction of a registered nurse or licensed or otherwise legally authorized physician or dentist.</p> <p>On 11/20/23 at 8:19 AM, during the medication administration observation, the surveyor observed the Licensed Practical Nurse (LPN) enter Resident #9's room. The resident was seated in their wheelchair. The surveyor observed that the resident had an empty breakfast tray on the bedside table. The LPN informed Resident #9 that she would be administering the resident's medications.</p> <p>On 11/20/23 at 8:45 AM, the surveyor observed the LPN preparing to administer five (5) medications to Resident #9 which included Protonix 40 mg tablet (medication for Gastroesophageal reflux disease), multivitamin tablet (supplement), Metformin 1000 mg tablet (diabetes), Vitamin C 1000 mg (supplement) and Cilostazol 100 mg tablet (vasodilation). The surveyor observed the LPN administer the medications to Resident #9.</p> <p>The surveyor reviewed the medical record of Resident #9.</p> <p>A review of the Admission Record (an admission summary) reflected that the resident was admitted to the facility with diagnoses that included but not limited to; hypertension (elevated blood pressure), type 2 diabetes (chronic condition that affects the way the body processes blood sugar), and chronic embolism and thrombosis of unspecified deep veins of the right lower extremity (blood clot and blockage).</p> <p>A review of the Admission Minimum Data Set, an assessment tool used to facilitate the management of care, dated 10/09/23, reflected that the resident's Brief Interview for Mental Status was 14 out of 15, which indicated that the resident was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the November 2023 order summary report (OSR) revealed a physician order (PO) dated 11/16/23 for Cilostazol oral tablet 100 mg, give 1 tablet by mouth two times a day for vasodilation before meals.</p> <p>A review of the November 2023 electronic Medication Administration Record (eMAR) revealed an order dated 11/16/23, for Cilostazol oral tablet 100 mg, give 1 tablet by mouth two times a day for vasodilation before meals with an administration time of 0900 and 2100 (9AM and 9PM).</p> <p>A review of the Manufacturer's Specifications revealed the following: Cilostazol should be administered one hour before or two hours after a meal.</p> <p>On 11/20/23 at 11:35 AM, the LPN in the presence of the surveyor reviewed Resident #9's electronic OSR and acknowledge that Cilostazol 100 mg oral tablet should have been administered on an empty stomach. The LPN further stated that Resident #9 was readmitted to the facility on [DATE], and it was the responsibility of the admitting nurse to review the resident's physician orders and to assure that all medications were being administered at an appropriate time.</p> <p>On 11/21/23 at 1:30 PM, the surveyor presented the above observations and findings to the Regional Licensed Nursing Home Administrator, the Director of Nursing, and the facility Infection Preventionist.</p> <p>There was no additional information provided.</p> <p>A review of the facility's policy for Medication Dispensing System that was dated 2/28/23 and was provided by the DON included the following:</p> <p>J. Medication Administration:</p> <p>3. Medications are administered in a timely fashion as specified by policy.</p> <p>NJAC 8:39-11.2 (b), 29.2 (d)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>40042</p> <p>Based on observations, interview, review of the facility assessment tool and facility job descriptions, it was determined that the facility failed to employ either a full time Registered Dietitian (RD) or a Dietary Manager (DM) that meets the qualifications to function as a director of food and nutrition services.</p> <p>This deficient practice was evidenced as follow:</p> <p>Refer to F812 F and E0015 F.</p> <p>On 11/15/2023 at 10:25 AM, the surveyor interviewed the Food Service Director (FSD) in the presence of a second surveyor. He stated that he had a Servsafe certification and started the position on 11/6/23.</p> <p>On 11/16/23 at 10:46 AM, the surveyor interviewed the FSD Consultant (FSDC) in the presence of the survey team. She stated that her credentials were Certified Dietary Manager (CDM), Certified Food Protection Professional (CFPP), and Servsafe certified . In addition, she stated that she was responsible to train the FSD. She acknowledged that today was the first day she was at the facility with the FSD.</p> <p>On 11/17/23 at 10:37 AM, the surveyor interviewed the Registered Dietitian (RD) in the presence of a second surveyor. She stated that she conducted kitchen audits occasionally and at least quarterly. In addition, the RD stated, she had not audited the FSD since he started.</p> <p>On 11/20/23 at 11:05 AM, the surveyor interviewed the FSDC, in the presence of a second surveyor, related to the interview process for the FSD. She stated, the FSD completed an application and submitted a resume for review. She stated that she and the Human Resource Generalist reviewed the documents and conducted interviews. THE FSDC described the qualifications for the FSD for the position, she spoke to the ability to cook from scratch, especially for soups. She included the ability to follow standardized recipes and must have good chopping techniques. She further stated, she showed the FSD where things were located in the kitchen and which size serving utensils were appropriate to use. She stated, cooking skills and customer service is key. In addition, the FSDC stated, the FSD should have a CDM qualification or needed to be enrolled in a CDM program. She stated,</p> <p>CMS [Centers for Medicare and Medicaid Services] required a CDM certification .because it requires continuing education to maintain the certification. The FSDC further stated, I don't believe he (the FSD) had a CDM, but I think he has Servsafe. She added, Servsafe was a food safety course [food handler (basic food safety, appropriate food temperatures, refrigerator temperatures, and cooling techniques)], or food safety manager which included managing staff, staff scheduling, and not food management.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 11/22/23 at 11:16 AM, the surveyor interviewed the FSD in the presence of a second surveyor. The FSD stated, he thought he could handle the responsibilities of this job without training except there are some little things like pureeing. He further stated that it took a while to transition from restaurant to sensitive care residents.</p> <p>On 11/21/23 at 1:00 PM, the surveyor conducted a phone interview with the Human Resource Generalist who stated that she participated in the hiring process. She stated that a FSD position required to a Servsafe certification and cooking experience which did not have to be in a Long-Term Care (LTC) environment.</p> <p>On 11/21/23 at 1:05 PM and again at 1:19 PM, the surveyor interviewed the Licensed Nursing Home Administrator Consultant (LNHAC) in the presence of the Director of Nursing (DON) and the survey team. She stated, the FSD was qualified to hold the position since he had experience as a FS manager and had a Servsafe manager certification verse a Servsafe food handler certification. She acknowledged she was unaware of the course content or if it qualified as a food management course. The LNHAC stated that Servsafe was adequate and oversite from a RD was not required. She stated, the Local Department of Health accepted his credentials but could not provide evidence. She further stated, the FSDC was qualified to oversee and audit the FSD. The LNHAC stated the FSDC audited temperatures of the food, refrigerators and dish machine. She stated, the FSDC audited quarterly and within one to two months after a new employee started. In addition, she stated the timeliness of meal deliveries and food quality could be audited by other staff including the RD.</p> <p>On 11/22/23 at 10:13 AM, the surveyor interviewed the LNHAC in the presence of the DON and survey team. She stated the minimum requirements that qualified the FSD to hold the position included experience in food management and stated that certification in food management was not required.</p> <p>On 11/22/23 at 10:21 AM, the surveyor interviewed the RD and the FSDC in presence of survey team. They stated, they think the FSD was qualified but could not speak to whether he could function independently without training.</p> <p>On 11/22/23 at 10:36 AM, the surveyor interviewed the LNHAC in presence of survey team. She provided the surveyor with a copy of the New Jersey State Mandatory structural organization for dietary services guidance. The LNHAC stated that she used that as a guide to ensure the FSD was qualified to hold the position. She further stated, she never referred to the federal regulatory guidelines, and could not speak to why.</p> <p>On 11/22/23 at 11:38 AM, the surveyor interviewed the LNHAC in the presence of the survey team. She acknowledged the FSD did not have experience in a LTC environment or the required training for kitchen operations, menus, how to interpret the menus, therapeutic diets [medically prescribed], preparation of special diets, and how things should be stored. In addition, the LNHAC stated, he could probably be able to function without training, but it would take time. She stated he required training in this type of environment.</p> <p>Review of the Facility Assessment Tool dated 7/17/23, indicted Facility Resources Needed to Provide Competent Support and Care for our Resident Population Every Day and During Emergencies, Staff Type, should include Food and Nutrition Services; Certified Dietary Manager, support staff, registered dietitian.</p> <p>(continued on next page)</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the FSD's resume provided to the surveyor by the DON on 11/17/23 at 10:00 AM, reflected that he did not have work experience in LTC, and his education included Servsafe Food Handler, with an expiration date of 11/22/24. In addition, the facility provided the FSD's Servsafe certification for Food Protection Manager Examination, dated 10/24/23.</p> <p>Review of the undated facility provided job description for Food Service Director, did not include required qualifications. It included that the FSD ensures that all federal, state, departmental, and other necessary government agency requirements are met in the preparation of food, and cook foodstuffs according to menus, special dietary and nutritional restrictions, .</p> <p>Review of the undated facility provided job description for Registered Dietitian, did not include frequently scheduled consultations to the FSD.</p> <p>NJAC 8:39-17.1(a)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48423</p> <p>Based on observation, interview, and record review, it was determined that the facility failed to a.) store foods in a sanitary manner, b.) ensure the kitchen environment and equipment was maintained in a clean and sanitary manner, and c.) handle dishware in a manner to prevent cross contamination, to limit potential bacteria growth and potential food borne illness.</p> <p>The deficient practice was evidenced by the following:</p> <p>On 11/15/2023 at 10:25 AM through 12:28 AM, the surveyor conducted a kitchen tour with the Food Service Director (FSD) in presence of a second surveyor.</p> <p>At 10:26 AM, the surveyor observed a dish machine temperature log which was filled out for the entire day (afternoon and dinner time). The [NAME] stated, it was a mistake, usually I check the temperatures and then log them in.</p> <p>At 10:27 AM, the surveyors continued the tour with FSD. The surveyor observed a single door, white reach in freezer and identified several opened foods with no opened date and were not labeled. The FSD identified the following items and stated that, items should have been labeled and dated.</p> <ul style="list-style-type: none"> -Two plastic bags of cooked yellow rice on the door shelf, which had no label and no date indicating when it was cooked. -Cooked chicken cutlets in a plastic bag on the door shelf, which had no label and no date indicating when it was cooked. -An opened bag of vegetables, with no date indicating when it was opened. -A piece of salmon wrapped in clear plastic wrap, with no date. -A plastic bag of cooked white rice on the door shelf, which had no label and no date indicating when it was cooked. -An opened bag of frozen blueberries with no opened date. -Two opened plastic bags of hashed brown potatoes, with no opened date. -An opened plastic bag of French fries, with no opened date. -An opened plastic bag of chicken tenders, with no opened date. -Three opened plastic bags of fish sticks, with no opened date. -A meat like item wrapped in plastic, which had no label and no opened date. The FSD was unable to identify the item. <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Valley View Rehabilitation and Healthcare Ctr		STREET ADDRESS, CITY, STATE, ZIP CODE 1 Summit Avenue Newton, NJ 07860	
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-A ring of sweet Italian sausage wrapped in plastic, with no opened date.</p> <p>-An opened plastic bag of hamburger buns, with no opened date.</p> <p>-An opened plastic bag of French toast, with no opened date.</p> <p>At 10:38 AM, the surveyor observed a double door, stainless steel, reach in refrigerator which had an external digital thermometer that displayed DEF and not a numerical value. The FSD and [NAME] were unable to locate an internal thermometer to verify the refrigerator temperature. The surveyor identified the following:</p> <p>-An opened half golden yellow sheet cake with white icing, loosely covered in plastic, with no opened date.</p> <p>-An opened container of Cocktail sauce, with an opened date of 2/17/2023 (once opened and refrigerated this product is good for six months as per the USDA website FoodSafety.gov).</p> <p>-A 15 ounce (oz) opened glass jar of [name redacted] [NAME] Sauce, which had no opened date.</p> <p>-An opened bottle of Mustard, with no opened date.</p> <p>-An opened half gallon container of Almond milk, with no opened date. The FSD stated, it was opened this morning, and the [NAME] stated, I was late, and I did not have time to date it.</p> <p>-A 32 oz opened container of Coconut milk, with no opened date.</p> <p>-An opened plastic bag of pre-sliced [name redacted] sweet rolls, with no opened date.</p> <p>-An opened plastic bag of Parmesan cheese, with no opened date.</p> <p>-Four pieces of cake on a round white plate and wrapped with clear plastic wrap, with no prepared date.</p> <p>-Tortilla shells wrapped in clear plastic wrap, out of the original package, with no opened date.</p> <p>-An opened plastic bag of Romaine lettuce with no opened date. The FSD stated, I did not purchase it. I think it's been here from before I started the job.</p> <p>-An opened one-gallon container of apple juice, with no opened date.</p> <p>-A large amount of red meat in a deep pan, which was placed on the bottom shelf and wrapped in clear plastic. It was not labeled or dated. The FSD stated, it seemed like it had freezer burn but I put it there to thaw it. I wouldn't use it. The FSD could not speak to why he defrosted the meat if he did not intend to use it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Cooked pork in a plastic bag, with an opened date of 11/5/23. The FSD stated that it was good for two weeks, its cooked. I won't keep it past seven days and then placed it back in the refrigerator. (Once opened and refrigerated this product is good for seven days as per the USDA website FoodSafety.gov)</p> <p>-Meat loaf wrapped in foil, which had no date indicating when it was cooked.</p> <p>-An opened 4.5 oz container of sweet and sour sauce, with no opened date.</p> <p>-A bowl of cooked black beans and rice covered with clear plastic and dated 11/11.</p> <p>-Raw seasoned chicken in a small restaurant pan, covered with clear plastic and marked with a prepared date of 11/13 (raw chicken is good for one to two days refrigerated as per the USDA website FoodSafety.gov).</p> <p>-A round container filled with a beige like product. The container was not labeled or dated. The [NAME] stated, the food belongs to staff, and the FSD acknowledged, it should not be stored in the kitchen refrigerator, that they (the staff) have their own refrigerator.</p> <p>At 11:05 AM, the surveyor observed a 10.5 oz container of collagen peptides (dietary supplement), with an expiration date of 10/2023, stored on a metal shelf next to food. The FSD stated, I think its someone's personal item and it should not be stored here next to food.</p> <p>The surveyor observed breadcrumbs in a plastic container (out of the original package) which was not dated.</p> <p>The surveyor observed silverware (forks and knives) in a plastic container that was in direct contact with the floor. The FSD stated, It shouldn't be stored on the floor.</p> <p>At 11:10 AM, the surveyor observed a metal rack with four shelves which contained large pans and pots. The FSD identified the shelving as a clean pot rack. In the middle of the bottom shelf, there was a large clear plastic bin which contained the following soiled items: a bread pan, a labeling gun, a black mixer, a silver tray, a soup bowl, and a saltshaker. The FSD stated, it's all garbage. The surveyor observed a metal pan cover which was soiled on the bottom shelf of the rack. The FSD removed the pan cover from the shelf, showed the surveyor and acknowledged that it was dirty and placed it in the sink. The surveyor observed a large, soiled plastic tray on the bottom shelf of the rack. The FSD acknowledged that it was dirty. The surveyor observed a 2-inch full-size stainless-steel hotel pans on the bottom shelf. The FSD stated there was, dry blueberries and breadcrumbs stuck to the bottom and acknowledge it was dirty. The FSD stated, The rack is for clean items and the garbage/soiled equipment should not be stored there.</p> <p>The surveyor observed a closed clear plastic container with multiple small packets wrapped in plastic, stored on a wall mounted metal shelf. The FSD opened them and identified the following:</p> <p>-An opened dry butterscotch pie filling/pudding mix, with no opened date.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-An opened dry banana cream pie instant pudding mix, with opened date 2/6/2023. The FSD stated, It's good for 2-3 months, once its open. (Once opened this product is good for three-four months as per the USDA website FoodSafety.gov).</p> <p>The surveyor observed the following items stored on wall mounted metal shelves:</p> <p>-An opened package of bread, with no opened date.</p> <p>-A 30oz jar of grape jelly, with a best by date of 9/6/22.</p> <p>-An opened 20oz squeeze bottle of [name redacted] concord grape jelly, with no opened date.</p> <p>-An opened 16 oz container of peanut butter, with no opened date.</p> <p>-An unopened 12.75 oz glass jar of sugar free strawberry jam, with expiration date of 7/15/23.</p> <p>The FSD stated, they are shelf stable product, it's not going to rot.</p> <p>At 11:26 AM, the surveyor observed eyedrops, keys, lip balm and a cell phone on the metal shelf next to food. The FSD acknowledged these items were the cook's personal belongings. The [NAME] stated, I was late this morning, I put it up there. The FSD stated, they should not be there next to food items.</p> <p>The surveyor also observed an opened 16 oz box of whole grain penne pasta, with no opened date. The FSD stated, It is still good. I can tell by looking at it, and further stated, this is not something I would use.</p> <p>At 11:32 AM, the surveyor observed the cook remove clean items from the dishwasher with his bare hands. He touched the inside of a ladle and the inside of the small frying pan while he placed them on a hanging storage rack. The surveyor also observed the cook remove three white dinner plates from the dishwasher and place them inside the oven whereby his thumb was in direct contact with both sides of the plates. In addition, the surveyor observed the cook remove five plastic cups. The surveyor did not observe the cook perform hand hygiene prior to removing the clean dishes out of the dishwasher. The [NAME] acknowledged that he did not wash his hands and stated, we don't have to use gloves. The FSD stated, [name redacted] hands are clean, and he did not touch the glasses from inside.</p> <p>At 11:40 AM, the surveyor observed shelves which contained ingredients and observed the following:</p> <p>-An opened 16 oz bottle of Imitation Vanilla, with no opened date.</p> <p>-An opened 32 oz container of canola oil, with no opened date.</p> <p>-An opened six-pound (lbs.) container of extra light amber honey, with no opened date.</p> <p>-An unrefrigerated opened bottle of teriyaki sauce, with an opened date of 3/4/2023. (Once opened, this product is good for one month if refrigerated after opening as per the USDA website FoodSafety.gov).</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-An opened one-gallon container of molasses, with an opened date of 11/20/2019 and a best if used by date of 7/6/2023.</p> <p>-An opened one-gallon container of white cooking wine, with no opened date.</p> <p>-Two unrefrigerated, two-quart size opened containers of soy sauce with opened dates of 9/5/2022. The FSD stated it was still good, due to the salt component in this, I give it 18 months to 2 years. (Once opened this product is good for one month if refrigerated after opening as per the USDA website FoodSafety.gov)</p> <p>-An opened one-gallon container of beef consomme base, with an opened date of 7/25/2021. The FSD stated, I wouldn't use it.</p> <p>-An opened 128 oz container of Worcestershire sauce, with an opened date of 8/18/2021 and best if used by date of 5/21/2022.</p> <p>At 11:40 AM, the surveyor observed a three-compartment sink. The [NAME] tested the chemical strength for the sanitizer, which was 200 parts per million (ppm) but did not record the concentration on an accountability log. The cook stated, they do not record the sanitizer strength.</p> <p>The surveyor observed a four-slice toaster, with dried debris on top, stored near shelf stable ingredients. The FSD stated, they don't use it. But still its dirty. The surveyor also observed a two-slice toaster. The FSD stated there was boiled/dried grease on top.</p> <p>At 11:55 AM, the surveyor observed a flat mop stored in direct contact with the kitchen floor next to the handwashing sink. The FSD stated it should not be stored face down. It will never dry.</p> <p>At 12:07 PM, the surveyor observed boxes stored on the top shelves in the dry storeroom less than 18 inches from the ceiling and sprinkler heads. The FSD stated, the boxes should be six inches from the ceiling and six inches from the floor.</p> <p>The surveyor observed multiple five-pound tubs of peanut butter which had no received date or best by use date.</p> <p>At 12:11 PM, the surveyor observed three plastic bags of walnuts in the dry storage room. The FSD stated, they were approximately two pounds each with an expiration date of 6/22/23.</p> <p>At 12:23 PM, the surveyor observed a small refrigerator/freezer unit in the resident dining room. The FSD stated, it is the resident's refrigerator to store their personal foods. The surveyor observed a sign posted on the refrigerator which indicated, Resident food only. Food from families must have resident name and date. If not dated will be thrown out after three days. Not for employee use. The surveyor did not observe temperature logs. The FSD acknowledged there is no temperature logs and no thermometer in the refrigerator or freezer. This is the first time I opened this refrigerator. The surveyor identified several foods with no name or dates marked on them as follows:</p> <p>- An aluminum bread pan with a hard plastic cover which contained a baked good. There was no name or date on it.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>- An opened 52 oz container of lemonade with no opened date or name on it. The surveyor observed a best by use date of 10/30/2023 on the container.</p> <p>- A brown colored box with piece of leftover cake, with no date.</p> <p>At 12:27 PM, the surveyor observed an opened half gallon container of butter pecan ice-cream stuck to the freezer, with no name or opened date. The surveyor observed a brown colored sticky substance on the bottom of the freezer. The FSD stated, it looks like its melted ice cream. The FSD stated, I don't think anyone checks the temperatures but it's going to be me checking it.</p> <p>Review of the facility policy Food Safety and Sanitation reviewed 6/2/2023, included all local, state and federal standards and regulations will be followed in order to assure a safe and sanitary department of food and nutrition services. It also included the following:</p> <p>-Refrigerated food is stored at or below 41 degrees Fahrenheit (F)</p> <p>-Food stored in dry storage is placed on clean racks at least .18 inches from the ceiling .</p> <p>-All time and temperature control for safety (TCS) foods (including leftovers) should be labeled, covered, and dated when stored.</p> <p>-When a food package is opened, the food item should be marked to indicate the open date. This date is used to determine when to discard the food.</p> <p>-Leftovers are used within 72 hours (or discarded).</p> <p>-Perishable food with expiration dates is used prior to the use by date on the package.</p> <p>-Canned and dry food without expiration dates are used within six months of delivery or according to the manufacturers guidelines.</p> <p>Review of the facility policy Labeling and Dating dated 4/18/2023, included all food received in the building, dry, dairy, refrigerated or frozen, must have a received date. It also included, all prepared foods are dated the date they are made and counting as day one. Must have a use by date. Example- Egg salad made 1-15-17 use by 1-17-17. This procedure is followed for all prepared foods: egg salad, puddings, applesauce, desserts, salads, etc. All foods prepared in the kitchen must be dated with a use by date and discarded in three days. In addition, it included items once opened must be dated with open date.</p> <p>Review of the facility policy Staff Food Storage dated 5/20/23, included there is a refrigerator for employee food only and all food must be labeled with a name and date. All items will be discarded after 72 hours.</p> <p>Review of the facility policy Discarding Food Items dated 6/29/2023, included all food items that are prepared by the facility will be discarded within 72 hours (3 days). It also included all items that are packaged by the manufacturer . must be dated when opened.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Review of the facility policy Cleaning Dishes/Dish Machine dated 5/18/2023, included clean hands or gloves should be used when clean dishes are removed from the dish machine.</p> <p>Review of the facility policy Three Compartment Sink dated 4/25/2013, included check the sanitizing compartment sink for the proper chemical dilution using the test strips. Note and initial the dilution on the monitoring form. It also included the dilution must be checked each time you re-fill the rinse compartment.</p> <p>Review of the facility policy Cleaning, Kitchen Floor (Mopping) reviewed 5/21/23, included return the clean bucket and mop to designated storage area.</p> <p>Review of the facility policy Foods Brought in from Outside Sources reviewed 5/2022, included foods items should be labeled with the resident's name, date the item(s) were purchased or prepared and the name of the item. It further included, perishable foods that require refrigeration will be discarded after 72 hours (3 days) of the food is not consumed by the resident.</p> <p>Review of the undated facility job description for Cook, included the following:</p> <ul style="list-style-type: none"> -Discards outdated food from the refrigerators. -Check food supplies, kitchen supplies, . and ensures that cooking utensils, pans, and other equipment are kept in a clean/sanitary condition. -Employees should not have any food, drink, or any personal items (such as key, coats, bags, backpack, wallets, purses, etc.) in the kitchen. <p>NJAC 8:38-17.2 (g)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>40042</p> <p>Based on interview and record review it was determined that the facility failed to submit their Payroll Based Journal (PBJ) Report to the Centers for Medicare and Medicaid Services (CMS) within a timely manner. This deficient practice was identified for one of three PBJ Report submissions reviewed, (Fiscal Year Quarter 3 2023, April 1 - June 30) and was evidenced by the following:</p> <p>A review of the PBJ Staffing Data Report CASPER Report 1705D reflected a triggered area that the facility failed to submit data for the third fiscal year quarter to CMS. The dates of the third quarter included April 1, 2023, through June 30, 2023.</p> <p>On 11/20/23 at 12:09 PM, the surveyor interviewed the Administrative Assistant (AA) in presence of a second surveyor. She stated, she was responsible for the nursing staff scheduling as well as reporting staffing daily to the Department of Health (DOH) website.</p> <p>On 11/21/23 at 10:25 AM, the surveyor interviewed the AA, who stated that she submitted staffing to the DOH daily and to CMS on a quarterly basis. She stated staffing must be submitted to CMS quarterly. She further stated, she submitted for the quarter 7/1/23 through 9/30/23, but not for 4/1/23 to 6/30/23. The AA stated, at that time it was someone else's responsibility.</p> <p>On 11/22/23 at 9:32 AM, the AA stated she could not provide a CMS validation for staffing reported for the 3rd quarter of 4/1/23 to 6/30/23.</p> <p>On 11/22/23 at 10:04 AM, the surveyor interviewed the AA in the presence of the survey team. She stated that she submitted staffing for the third quarter 4/1/23 to 6/30/23, on the deadline of 8/14/23. The AA further stated on 8/23/23, she resubmitted the staffing due to an emailed received which indicated something did not go through. In addition, she stated she read the manual which indicated staff submission would not be accepted after the due date. She provided the surveyor a copy of a validation report from CMS for the quarter staffing 4/1/23 to 6/30/23, which was blank. She acknowledged it was not submitted on time.</p> <p>NJAC 8:39-41.3(a)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>37791</p> <p>Based on observation, interview, record review, and review of pertinent facility documentation, it was determined that the facility staff failed to follow appropriate infection control practices for appropriately performing hand hygiene and sanitizing a blood pressure cuff between 2 of 2 residents observed during the medication pass, (Resident#5 and Resident #10).</p> <p>These deficient practices were evidenced by the following:</p> <p>On 11/17/23 at 8:35 AM, during the medication pass, the surveyor observed the Licensed Practical Nurse (LPN) obtaining Resident #10's vital signs. The LPN brought the electronic blood pressure cuff into the resident's room and took the resident's blood pressure. The LPN then returned to the medication cart which was in the hall. The surveyor observed the LPN placing the electronic blood pressure cuff on the medication cart. The surveyor did not observe the LPN sanitize the electronic blood pressure cuff or perform hand hygiene. The surveyor observed the LPN prepare medication for Resident #10 and then observed her entering the resident's room and administering the medications. After medication administration, then LPN was observed returning to the medication cart and signed off Resident #10's electronic medication administration record. The surveyor did not observed the LPN perform hand hygiene.</p> <p>On 11/17/23 at 8:44 AM, the surveyor observed the LPN pick up the electronic blood pressure cuff which was not sanitized and bring it into the facility's activity room to Resident #5. The surveyor observed the LPN tell Resident #5 that she will be taking the resident's vital signs and will then will administer the resident's medication. After taking Resident #5's blood pressure, the surveyor observed the LPN return to the medication cart and without performing hand hygiene start to prepare Resident #5's medications.</p> <p>At that time, the surveyor interviewed the LPN, who acknowledge that she should have sanitized the electronic blood pressure cuff prior to taking Resident #5's vital signs. The LPN further stated that she should have performed hand hygiene after administering Resident #10's medications.</p> <p>On 11/21/23 at 1:30 PM, the surveyor discussed the above findings with the Regional Licensed Nursing Home Administrator, the Director of Nursing (DON), and the Infection Preventionist.</p> <p>There was no additional information provided.</p> <p>A review of the facility's policy for Blood Pressure Equipment Cleaning that was dated 5/03/23 and was provided by the DON included the following:</p> <p>To ensure that blood pressure machine is sanitize and clean after use in between residents to prevent cross contamination.</p> <p>A review of the facility's policy for Hand Hygiene that was dated 1/31/23 and was provided by the DON included the following:</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Adherence to hand hygiene practices is maintained by all Center Personnel. This includes hand washing with soap and water when hands are visibly soiled and the use as alcohol-based hand rubs for routine decontamination in clinical situations. Under Process: After contact with resident's intact skin. NJAC 8:39-19.4 (a) (1) (n) (2)		