STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	**1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052**

(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 DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Complaint #: 392826 (187404) Complaint date: 11/10/25 Census: 100 Sample Size: 3 The NJDOH conducted a Complaint survey on 11/10/25. The facility is not in substantial compliance with the requirements of 42 CFR PART 483, Subpart B, for Long-Term Care Facilities. Deficiencies were cited for this survey.	F0000		11/24/2025
F0689 SS = E	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is NOT MET as evidenced by: Complaint #: 392826 (187404) Based on observations, interviews, record review, and review of other pertinent facility provided documentation, the facility failed to ensure a.) the residents' current active care plan (CP) contained the interventions that were implemented after each resident's [NJ Ex] and were followed in order to prevent any additional [NJ Exec] for 3 of 3 residents (Residents #1, #2, and #3) reviewed for [NJ Exec Order 26.4] and [NJ Exec] and b) [NJ Ex] investigations were thoroughly investigated and completed in accordance with the facility's	F0689	Criteria 1 The facility failed to ensure the residents' current care plan contained the interventions that were implemented for each resident, #1, #2 and #3 after each of the residents' [NJ Ex] and to ensure they were being followed. Residents #1, #2, and #3 identified as having deficient practice had their care plans reviewed and updated with interventions to reduce their risk of [NJ Exec] Residents #1 and #2 had their [NJ Exec] thoroughly investigated and reviewed with the interdisciplinary care plan team. Criteria 2 All residents are at risk for this deficient practice. Criteria 3 Policies and procedures were reviewed and revised as necessary. The Director of Nursing provided nursing administration/nursing supervisors and [U.S. FOIA] education on proper protocols and procedures for investigating accidents and incidents, obtaining staff statements and updating care plans with new interventions on care plan for affected residents.	12/12/2025

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 reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052

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F0689 SS = E	Continued from page 1 practice and policy for 2 of 3 residents reviewed for [redacted] (Residents #1 and #2). The deficient practice was evidenced by the following: 1.On 11/10/25 at 9:20 AM, Surveyor #1 (S #1) toured the [redacted] and interviewed the [redacted] who informed S #1 that Resident #1 was at [redacted] for [redacted] due to cognitive impairment and had recent [redacted] On that same date at 9:25 AM, S #1 observed Resident #1 in the dining area, seated in a wheelchair (w/c) with other residents and [redacted] during breakfast. On 11/10/25 at 10:16 AM, S #1 asked the [redacted] also known as the [redacted]) of Resident #1's last [redacted] incident investigations and [redacted] notes. S #1 reviewed the medical records of Resident #1, and revealed: A review of the Resident Face Sheet (an admission summary) revealed that the resident was admitted to the facility with diagnoses that included but were not limited to: [redacted]. A review of the most recent quarterly Minimum Data Set (qMDS), an assessment tool, with an assessment reference date (ARD) of [redacted], reflected a brief interview for mental status (BIMS) score of [redacted] which indicated that resident's cognition was [redacted]. A review of the Nursing [redacted] Assessment dated [redacted] revealed that the resident had history of [redacted] and total score was [redacted]. A review of the Nursing [redacted] Checklist revealed:	F0689	Continued from page 1 Criteria 4 The Director of Nursing/designee will conduct weekly audits of one hundred percent of all incident accident reports that are completed. Audits will include updated care plans and CNA care plans. Results of these audits will be reported to the facility's Quality Assurance Performance Improvement committee meetings monthly for three months and then quarterly for one year.	12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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F0689 SS = E	Continued from page 2 On [redacted] Resident #1 had a [redacted] incident in the dining room while resident [redacted] and there was [redacted] noted. On [redacted], Resident #1 had a [redacted] incident in the dining room [redacted], [redacted] r by the nurse [redacted] and there was [redacted] On [redacted] Resident #1 [redacted] to stood up [redacted] in front of dining room. On [redacted] Resident #1 had a [redacted] incident in the dining room and [redacted]. A review of the provided [redacted] investigation by the [redacted]) revealed: On [redacted] at 12:45 PM, Resident #1 was [redacted] by Licensed Practical Nurse #1 (LPN #1) [redacted] their w/c in the dining room, [redacted] The measures to prevent recurrence was to continue to provide [redacted] On [redacted] at 8:20 AM, Resident #1 had an [redacted] in the dining room with [redacted] The corrective action taken, resident was [redacted] for [redacted] and [redacted]. The measures to prevent recurrence was [redacted] and assess for [redacted] w/c. There were no statements from the staff. On [redacted] at 11:00 AM, Resident #1 [redacted] to [redacted] w/c in the dining room, fell, and [redacted] The corrective action taken, recently on [redacted] with [redacted] The measures to prevent recurrence was [redacted] and [redacted]. LPN #2 statement included that while working in the hallway, a Certified Nurse Aide (CNA) called the LPN in the dining room, and [redacted] the resident [redacted] their w/c. There was no statement from the CNA and other staff. On [redacted] at 4:40 PM, Resident #1 had an [redacted] in the dining room and the resident [redacted] The measures to prevent recurrence was [redacted]. There	F0689		12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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F0689 SS = E	Continued from page 3 was no statements included in the [redacted] investigation. A review of the care plan (CP) revealed that the CP was not updated or revised to include the [redacted] measures to prevent recurrence of [redacted] that were, continue NJ Exec Order 26.4b1, and [redacted] w/c. 2. On [redacted] at 9:20 AM, the RNS informed S #1 that Resident #2 was [redacted] for [redacted] due to [redacted] and had [redacted] On 11/10/25 at 9:38 AM, S #1 interviewed LPN #1, who informed S #1 that as per facility's standard of practice, when a resident had a fall incident, the nurse will initiate the investigation and utilize the incident report. He stated that there should be statements from staff who were assigned to the resident in order to determine what the resident was doing before the incident that could contributed to resident's fall. He further stated that the resident would be assessed at the time of incident, monitored every shift for three days, and all would be documented in the electronic medical records, the Resident's Representative (RR) and physician would be notified. LPN #1 added that it was the responsibility of the U.S. FOIA (b)(6) to update or revise the CP of the new interventions post fall to prevent the recurrence of fall and further injury. On 11/10/25 at 9:50 AM, S #1 observed Resident #2 seated in their bed with [redacted] on the [redacted] of the [redacted] and the resident was eating breakfast. There was no [redacted] on the [redacted] of the [redacted] S #1 also observed that Resident #1 had [redacted] around their [redacted] and [redacted] on the [redacted] During the interview of S #1 with Resident #2, the resident was NJ Exec Order 26.4b1 [redacted] The resident was [redacted] if they had [redacted] incidents. Outside the resident's room was Certified Nursing Aide #1 (CNA #1) who informed S #1 that Resident #2 was NJ Exec Order 26.4b1, and NJ Exec Order 26.4b1 the resident ha NJ Exec Order 26.4b1 [redacted] nor about [redacted] incidents.	F0689		12/12/2025

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F0689 SS = E	Continued from page 4 On 11/10/25 at 9:55 AM, LPN #3 informed S #1 that she was the assigned nurse of Resident #2. LPN #3 stated that Resident #2 was NJ Exec Order 26.4b1 was previously NJ Exec Order 26.4b1 and had to NJ Exec Orde in the NJ Exec Order 26.4b1 because the resident NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 due to NJ Exec Order 26.4b1 She confirmed that the resident's NJ Exec Order 26.4b1 around the NJ Exec Order 26.4b1 was from a and that the resident was NJ Exec Order 26.4 what had happened. On that same date at 10:07 AM, CNA #2 informed S #1 that she was the assigned aide of Resident #2. She stated that the resident with NJ Exec Order 26.4b had a NJ Ex incident NJ Exec and NJ Exec Order 26.4b1 to their NJ Exec Order 26.4b1 She was unable to state as to why there was only NJ Exec Order 26.4b1. S #1 reviewed the medical records of Resident #2, and revealed: A review of the Resident Face Sheet revealed that the resident was admitted to the facility with diagnoses that included but were not limited to; NJ Exec Order 26.4b1 A review of the most recent comprehensive MDS, with an ARD of NJ Exec Order 26, reflected a BIMS score of NJ which indicated that resident's cognition was NJ Exec Order 26.4b1 A review of the Nursing NJ Exec Risk Assessment dated NJ Exec Order revealed that the resident's total score was NJ Exec Order 26.4b1 A review of the Nursing NJ Exec NJ Exe Checklist revealed: On NJ Exec Order 26.4 Resident #2 had an NJ Exec Order 26.4b1 NJ Ex incident and NJ Exec Order 26.4b1 to NJ Exec Order 26.4. On NJ Exec Order 26 Resident #2 had a NJ Ex incident in the	F0689		12/12/2025

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F0689 SS = E	Continued from page 5 dining room and NJ Exec Order 26.4b1 . A review of the provided accident investigation by the U.S. FOIA revealed: On 10/22/25 at 11:15 PM, Resident #2 had an NJ Exec Order 26.4b1 NJ Exe NJ Exec Order 26.4b1 in front of their bed and NJ Exec Order 26.4b1 The corrective actions taken was to place NJ Exec Order 26.4b1 . The measures to prevent recurrence was to NJ Exec Order 2 when in room. There were no statements from other staff except from the 11-7 shift nurse. On 11/2/25 at 10:40 AM, Resident #2 had an NJ Exec Order 26.4b1 NJ Ex in the day room and NJ Exec Order 26.4 a NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 . The corrective action taken, NJ Exec Order 26.4b1 in use, had resident in a NJ Exec Order 26.4b1 area at all times, and NJ Exec Order 26.4b1 . The measures to prevent recurrence was NJ Exec Order 26.4b1 . There was no statements from staff. A review of the CP revealed that the CP was not updated or revised to include the post NJ Ex interventions, measures to prevent recurrence of NJ Exe that were, NJ Exec Order 26.4 on the NJ Exec NJ Exec Order 26.4b1 when in room, NJ Exec Order 26.4b1 area at all times, and NJ Exec Order 26.4b1 . On 11/10/25 at 1:19 PM, the surveyors met with the U.S. FC U.S. FOIA (and the U.S. FOIA (b)(6) , and the U.S. F stated that it was an expectation that for the NJ Exec Order 26.4b1 NJ Exec there should be statements from staff in the NJ Exec Order 26 reports. The U.S. FOIA further stated that the interventions in each NJ Ex incident should be in the CP. At that same time, S #1 asked the facility management what NJ Exec Order 26.4b1 different from NJ Exec Order 26.4b1 and how the staff should follow the interventions post NJ Exe The U.S. FOIA responded that the facility was unable to do 1:1 monitoring at the facility. S #1 notified the U.S. FC U.S. FOIA (and U.S. FOIA of the above findings and concerns for Residents #1 and #2. A review of the CNA Documentation History Detail	F0689		12/12/2025

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F0689 SS = E	Continued from page 6 (CNA log) that was provided by the U.S. FOIA (b)(6) revealed that there was no information about NJ Exec Order 26.4b1 at all times. On 11/10/25 at 2:13 PM, the surveyors met with the U.S. FO U.S. FOIA (and U.S. FOIA and there was no additional information provided by the U.S. FO The U.S. FOIA confirmed that there were no other statements from staff for all identified NJ Ex investigations for Residents #1 and #2. 3. On 11/10/25 at 9:20 AM, Surveyor #2 (S #2) observed Resident #3 in bed eating breakfast NJ Exec Order 26.4b1 Resident #3 told S #2 that they had a NJ Exec Orde and had NJ Exec Order 26.4b1. Resident #3 further stated that they had "a NJ Exec Order 26.4 " before the staff started using a NJ Exec Order 26.4b1 for NJ Exec Order 26.4 Resident #3 stated they had not NJ Exec Order 26.4 A review of Resident #3's Admission Record reflected the resident was admitted to the facility with diagnoses which included but were not limited to; NJ Exec Order 26.4b1 A review of the most recent MDS, with an ARD of NJ Exec Order 2 reflected that Resident #3 had a BIMS score of NJ E out of 15, indicating NJ Exec Order 26.4b1 . Section NJ Exe assessed that the resident required the NJ Exec Order 26.4b1 of NJ Exe staff members for NJ Exec Order 26.4 A review of Resident #3's comprehensive CP dated NJ Exec Order 2 and reviewed NJ Exec Order 26 included a focus area that indicated that the resident was NJ Exec Order 26.4b1 on NJ Exe staff members for NJ Exec Order 26.4 A review of the facility's NJ Exec Order 26.4 incident nurses note dated NJ Exec Order 2 at 10:10 PM, reflected that while the nurse was preparing meds in the hall, a CNA came out from Resident #3's room and informed the nurse that the resident NJ Exec Order 26.4b1 while the CNA was trying to NJ Exec Order 2 the resident from the NJ Exec Order 26.4 to the w/c. The nurse went to the room and observed Resident #3 on the NJ Exec Order 26.4b1 on their NJ Exec Orde NJ Exec Orde Resident #3 complained of NJ Exec O in their NJ Exec Order 26.4b . All responsible parties were	F0689		12/12/2025

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F0689 SS = E	Continued from page 7 notified. The U.S. FOIA (b)(6) ordered an NJ Exec Or[redacted] department to screen for treatment from the NJ Exec Order 26.4b1 and NJ Exec Order 26.4b1 department. Further review revealed that Resident #3 was transferred to the hospital Emergency Department due to NJ Exec Order 26.4b1. All NJ Exec Orde proved NJ Exec Order 26.4b1. The resident was readmitted to the facility on NJ Exec Order 26.4b1 for a NJ Exec Order 26.4b1. On 11/10/25 at 12:15 PM, S #2 conducted a telephone interview with the assigned CNA (CNA #3) who NJ Exec Order 26.4b1 Resident #3 NJ Exec Order 26.4b1 of a NJ Exec Order staff member. CNA #3 stated that she was not aware that the resident required NJ Exec staff members for NJ Exec Order 26 and that she should have checked the resident's plan of care before NJ Exec Order 26.4b1 them. On 11/10/25 at 1:10 PM, during an interview with S #2, the U.S. FOIA (b)(6) confirmed that Resident #3 had been care-planned as NJ Exec Order 26.4b1 on NJ Exe staff members for all NJ Exec Order 26.4 effective from NJ Exec Order 26.4b [redacted]. On 11/10/25 at 1:20 PM, the survey team discussed the above observations and concerns with the U.S. FO U.S. FOIA and the U.S. FOIA (The U.S. FOIA confirmed that CNA #3 should have followed the resident's CP for a NJ Exec Order 26.4b1 A review of the facility's "Accident/Incident Report Policy" that was provided by the U.S. FOIA (with a reviewed date of 7/2025, revealed that it was the facility's policy to document and investigate all incidents that involve residents, whether or not injury occurs…Procedure:…3. The person completing the report will interview any witnesses to the event to determine what occurred. Any witness (es) to the accident & incident (A&I) will give a written, signed statement indicating any knowledge or information they have pertaining to the incident…6. All sections of the A&I Report are to be completed…These statements will be submitted to the Supervisor after entering the statement into electronic medical records… A review of the facility's "Fall Policy and Procedure" that was provided by the U.S. FOIA (with a	F0689		12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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F0689 SS = E	Continued from page 8 reviewed date of 7/2025, revealed that it was the facility's policy to document and investigate all falls that involve residents, whether or not injury occurs…Procedure:…3. The person completing the report will interview any witnesses to the event to determine what occurred. Any witness (es) to the A&I will give a written, signed statement indicating any knowledge or information they have pertaining to the incident…6. All sections of the A&I Report are to be completed…These statements will be submitted to the Supervisor after entering the statement into electronic medical records… A review of the facility's "Care Planning Policy" that was provided by the [redacted] with a revised date of 1/2025, revealed that there was no information about CP update and revision. No further information was provided by the [redacted] NJAC 8:39-27.1 (a); 33.1(d)	F0689		12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030703	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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S0000	Initial Comments The facility is not in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities. The facility must submit a plan of correction, including a completion date, for each deficiency and ensure that the plan is implemented. Failure to correct deficiencies may result in enforcement action in accordance with the Provisions of the New Jersey Administrative Code, Title 8, Chapter 43E, Enforcement of Licensure Regulations	S0000		11/24/2025
S0560	Mandatory Access to Care CFR(s): 8:39-5.1(a) The facility shall comply with applicable Federal, State, and local laws, rules, and regulations. This LICENSURE REQUIREMENT is NOT MET as evidenced by: Complaint NJ#392826 (187404) Based on interview and review of pertinent facility documentation, it was determined that the facility failed to maintain the required minimum direct care staff to resident ratios for 2 of 35 days of the day shift as mandated by the State of New Jersey. The facility was deficient in CNA (Certified Nursing Aide) staffing for the following weeks as follows: Reference: NJ State requirement, CHAPTER 112. An Act concerning staffing requirements for nursing homes and supplementing Title 30 of the Revised Statutes. Be It Enacted by the Senate and General Assembly of the State of New Jersey: C.30:13-18 Minimum staffing requirements for nursing homes effective 2/1/21. 1. a. Notwithstanding any other staffing requirements as may be established by law, every nursing home as defined in section 2 of P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136 (C.26:2H-1 et seq.) shall maintain the following minimum direct	S0560	Criteria 1 The facility failed to maintain minimum direct care staff ratios. No individual residents were directly affected by the deficient practice. Staffing schedules were reviewed by the DON for compliance. Appropriate number of staff will be scheduled according to census and matrix acuity. Criteria 2 All residents have the potential to be affected by this deficient practice. Criteria 3 All nursing supervisors and human resources director have been educated by the Director of Nursing regarding maintaining staffing levels to ensure that staffing mandate requirements are being met. Policies have been reviewed and updated. Staff will be called in to work or agency staff utilized to maintain mandated levels. Criteria 4 Staffing ratios will audited by Director of Nursing or designee on a daily basis. Results will be presented at the facility's Quality Assurance Performance Improvement meetings monthly for three months and then quarterly thereafter for one year.	12/12/2025

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030703	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

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DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	**1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052**

(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 DEFICIENCY)	(X5) COMPLETION DATE
S0560	Continued from page 1 care staff -to-resident ratios: (1) one certified nurse aide to every eight residents for the day shift. (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members shall be certified nurse aides, and each staff member shall be signed in to work as a certified nurse aide and shall perform certified nurse aide duties, and (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member shall sign in to work as a certified nurse aide and perform certified nurse aide duties b. Upon any expansion of resident census by the nursing home, the nursing home shall be exempt from any increase in direct care staffing ratios for a period of nine consecutive shifts from the date of the expansion of the resident census. c. (1) The computation of minimum direct care staffing ratios shall be carried to the hundredth place. (2) If the application of the ratios listed in subsection a. of this section results in other than a whole number of direct care staff, including certified nurse aides, for a shift, the number of required direct care staff members shall be rounded to the next higher whole number when the resulting ratio, carried to the hundredth place, is fifty-one hundredths or higher. (3) All computations shall be based on the midnight census for the day in which the shift begins. d. Nothing in this section shall be construed to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff, including certified nurse aides, or to restrict the ability of a nursing home to increase staffing levels, at any time,	S0560		12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030703	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	**1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052**

(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 DEFICIENCY)	(X5) COMPLETION DATE
S0560	Continued from page 2 beyond the established minimum ... A review of the New Jersey Department of Health Long Term Care Assessment and Survey Program Nurse Staffing Report for the three weeks of Complaint staffing from 6/8/25 through 6/28/25, and the two weeks of Complaint staffing from 10/26/25 through 11/8/25 prior to the Complaint survey of 11/10/25 revealed the facility was deficient in staffing hours as evidenced by the following: 1. For the 3 weeks of Complaint staffing from 06/08/2025 to 06/28/2025, the facility was deficient in CNA staffing for residents on 1 of 21 day shifts as follows: -06/21/25 had 11 CNAs for 97 residents on the day shift, required at least 12 CNAs. 2. For the 2 weeks of Complaint staffing from 10/26/2025 to 11/08/2025, the facility was deficient in CNA staffing for residents on 1 of 14 day shifts as follows: -11/02/25 had 11 CNAs for 100 residents on the day shift, required at least 12 CNAs. On 11/10/25 at 1:20 PM, during an interview with the surveyor, the Staffing Coordinator stated that she was aware of the staffing ratios and seldom had difficulty meeting the staffing requirements.	S0560		12/12/2025

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 315029	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	**1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052**

(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 DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 11/10/2025 Recertification survey. The facility was found to be in compliance with 42 CFR Part 483, Requirements for Long Term Care Facilities.	F0000		

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 reverse for further 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

New Jersey Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 030703	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAUGHTERS OF ISRAEL PLEASANT VALLEY HOME	**1155 PLEASANT VALLEY WAY , WEST ORANGE, New Jersey, 07052**

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S0000	Initial Comments An offsite/desk review of the facility's Plan of Correction was conducted on 12/23/2025 in relation to the 11/10/2025 State of New Jersey Re-Licensure survey. The facility was found to be in compliance with the Standards in the New Jersey Administrative Code, Chapter 8:39, Standards for Licensure of Long Term Care Facilities	S0000		

Office of Primary Care and Health Systems Management

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