

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

Printed: 05/19/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/06/2022
NAME OF PROVIDER OR SUPPLIER Valley View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 W Mishawaka Rd Elkhart, IN 46517	
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 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to be treated with respect and dignity and to retain and use personal possessions.</p> <p>34966</p> <p>Based on interview and record review, the facility failed to ensure 1 of 5 residents who were reviewed for Resident Rights was treated in a manner that respected their rights regarding the retention and use of personal property. (Resident B)</p> <p>Finding includes:</p> <p>On 3/29/22 at 9:30 A.M., during an interview, Resident B indicated she was notified by the previous Social Service Director and by the current Social Service Director that she had to get rid of her vehicle because Medicaid wouldn't allow her to keep it. The resident indicated the previous Social Service Director and the current Social Service Director came to her room on an unknown date, and the current Social Service Director said she was not allowed to drive her vehicle even if she had a valid driver's licence, and she had 30 days to remove the vehicle from the facility property. The resident indicated the only reason the Social Service Director gave her was that Medicaid wouldn't allow her to have the vehicle. Resident B indicated she was not given any related policies or papers and that she did not sign any paperwork regarding her vehicle. The resident indicated she called the Administrator on an unknown date and told him her doctor cleared her to drive, but the Administrator said she has to get rid of her vehicle because Medicaid wouldn't allow her to have it. Resident B indicated she has been trying to get transferred to another local facility.</p> <p>On 3/30/22 at 9:40 A.M., during an interview, the Administrator indicated a couple weeks ago the previous Social Service Director told Resident B that she could not keep her vehicle because Medicare would not allow it and the vehicle would be towed if she didn't move it.</p> <p>The Administrator indicated when he learned of the interaction between the previous Social Service Director and Resident B, he immediately corrected the misinformation with Resident B and told her she could have her vehicle at the facility. The Administrator indicated he told the resident, given her health status, it may not be the best idea to drive, but never told her she was not allowed to drive and never told her she could not have a vehicle at the facility. The Administrator indicated the previous Social Service Director was placed on Administrative Leave for this action and other concerns on 3/25/22.</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 0557</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/22 at 10:00 A.M., during an interview, the Social Service Director indicated that the previous Social Service Director told the resident that her family needed to pick up her vehicle because Medicaid would not allow her to keep it at the facility. The Social Service Director indicated she never told the resident that she could not have her vehicle and never told the resident that she had to move her vehicle.</p> <p>On 4/1/22 at 12:45 P.M., during an interview in Resident B's room with the Administrator and Resident B, the Administrator indicated the resident misunderstood that she had to move her vehicle. The Administrator indicated that because Resident B was looking to transfer to another facility, she would have to take her vehicle from the facility lot within 30 days of discharge, or it would have to be towed away. Resident B indicated she had been trying to go to a facility closer to her family, and now she understood why the facility said she would have to move her vehicle.</p> <p>On 4/4/22 at 2:47 P.M., Resident B's Progress Notes were provided by the Director of Nursing and reviewed at that time. The resident's Progress Notes indicated the following;</p> <p>On 3/7/2022 at 12:26 P.M., the previous Social Service Director indicated she met with resident on this date, advising her that the facility did not allow residents to have personal vehicles on the facility property. The resident became upset and angry, stating she would relocate.</p> <p>On 3/8/2022 at 1:20 P.M., the current Social Services Director indicated she and the previous Social Service Director spoke with Resident B about her vehicle, explained that she would be able to keep her vehicle on property if A) she did not drive and B) that she needed to be scheduled for a discharge. Resident B stated that her daughter would be picking up the vehicle some time in the upcoming weekend.</p> <p>On 3/10/2022 at 10:18 A.M., the previous Social Services Director indicated Resident B purchased a vehicle which was parked in the facility parking lot. Resident B was counseled in regards to safety issues as well as facility policy, stating that residents are not permitted to have their vehicles on facility property, nor drive them. Resident B was advised that if her vehicle was not removed from the property, she would need to discharge. Resident B refused to sign an agreement contract, however, will have her vehicle removed from the property in the upcoming weekend when her daughter was available to assist her.</p> <p>On 3/16/2022 at 4:08 P.M., the previous Social Services Director indicated she met with Resident B as a follow-up regarding 3/10/22 meeting. Resident B was advised that she could not keep her personal vehicle on the property of the facility per policy. Resident B was advised that the vehicle needed to be removed immediately or resident would need to discharge no later than 30 days after the conversation, 4/10/22. As of 3/16/22, the resident had not removed her vehicle. Resident B stated she would discharge the facility with all of her belongings no later than 4/10/22. The previous Social Service Director was going to submit admission paperwork to another local facility on behalf of the resident.</p> <p>(continued on next page)</p>		

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F 0557 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Review of a note provided by the Administrator on 3/30/22 at 11:00 A.M. and dated 3/30/22, indicated the following, .Writer [Administrator] met with [Resident B], via telephone on March 7, 2022 to discuss her concerns regarding her vehicle on the premises. Resident was reassured that her vehicle being on the premises was permissible. During the course of the conversation,, we did discuss meeting with her physician to confirm that driving was safe. Resident indicated that she would continue to drive while a resident at the center</p> <p>On 3/29/22 at 2:00 P.M., the Infection Preventionist provided an undated facility policy entitled, FEDERAL Resident Rights & Facility Responsibilities, that was reviewed at that time. The policy indicated, .(B) Exercise of rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. (1) No Interference. The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination or reprisal from the facility .(E) Respect and dignity. The resident has a right to be treated wit respect and dignity, including .(2) Personal Possession. the right to retain and use personal possessions, .unless to do so would infringe upon the rights or health and safety of other residents .</p> <p>This Federal tag relates to complaint IN00374814.</p> <p>3.1-9(a)</p>		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34966</p> <p>Based on observation, interview, and record review, the facility failed to honor the bathing preferences of 5 of 5 residents reviewed for showers and bathing. This deficient practice had the potential to affect all 80 residents who bathed, showered, and resided in the facility. (Residents B,C,D,F, and L).</p> <p>Findings include:</p> <p>On 3/29/22 at 9:30 A.M., during an observation and interview with Resident B, the resident was noted to be in her bed wearing a night gown with uncombed hair with general unkempt appearance.</p> <p>The resident indicated she did not get regular showers or baths only getting showered about 1 time per month. Resident B indicated she was supposed to get at least 2 showers every week on</p> <p>Wednesday and Saturday afternoons.</p> <p>During a Resident Council meeting on 3/29/22 at 2:00 P.M., Resident L indicated the facility was not providing showers to residents as scheduled. Resident L indicated the residents were supposed to get 2 to 3 showers per week and they often don't get any showers during the week.</p> <p>During an interview on 3/29/22 at 3:54 P.M., the Infection Preventionist indicated the facility recently developed a new program to ensure residents receive their scheduled showers. The Infection Preventionist indicated the facility residents should receive at least 2 showers every week and more if that is the resident's preference.</p> <p>During an interview on 3/29/22 at 4:03 P.M., the Director of Nursing indicated not all of the facility residents had been receiving their showers 2 times weekly or per their preference. The Director of Nursing indicated the facility is working on developing a better system to provide residents showers at least 2 times every week. The Director indicated the Certified Nursing Assistants should be following the shower schedule and documenting the resident's showers and bathing refusals.</p> <p>On 3/30/22 at 2:22 P.M., Resident B's clinical record was reviewed. Resident B's Admission Sheet indicated the resident was admitted to the facility on [DATE], with an original admitted [DATE].</p> <p>Resident B's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated [DATE], and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident required extensive assistance in Activities of Daily Living (ADLs), and required physical assistance of 1 person in part of bathing activity. The residence preferences were not documented in the MDS.</p> <p>On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident B's scheduled bath or shower days were Wednesday and Saturday between 2:00 P.M. and 10:00 P.M.</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident B's Documentation Survey Report v2, that was reviewed at that time and indicated Resident B received a bath or shower on the following days:</p> <p>Tuesday, 1/18/22 at 9:59 P.M. shower</p> <p>Tuesday, 1/25/22 at 4:18 P.M. shower</p> <p>Resident was out of facility from 1/31/22 to 2/07/22</p> <p>Friday, 2/11/22 at 8:27 P.M. shower per resident's request</p> <p>Saturday, 2/12/22 at 1:59 P.M. shower</p> <p>Thursday, 2/17/22 at 9:14 P.M. shower</p> <p>Saturday, 2/19/22 at 1:37 P.M. bathing type was not documented</p> <p>Tuesday, 2/22/22 at 3:51 P.M. shower per resident's request</p> <p>Tuesday, 3/01/22 at 5:51 P.M. Resident Refused</p> <p>Friday, 3/18/22 at 9:21 P.M. Resident Refused</p> <p>Saturday, 3/26/22 at 11:37 P.M. bathing type was not documented</p> <p>On 3/30/22 at 2:45 P.M., Resident C's clinical record was reviewed. Resident C's Admission Sheet indicated the resident was admitted to the facility on [DATE], with an original admitted [DATE].</p> <p>Resident C's most recent comprehensive Minimum Data Set (MDS), was the Admission assessment dated [DATE], and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15, indicating the resident was cognitively intact. The resident's Preferences for Customary Routing and Activities, indicated it was somewhat important to her to choose between a tub bath, shower, bed bath, or spongebath, but the resident's preference were not completed in the MDS assessment. Resident C required extensive assistance in most Activities of Daily Living (ADLs), and was totally dependent on physical assistance of 1 for bathing.</p> <p>On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident C's scheduled bath or shower days were Monday, Wednesday, and Friday between 6:00 A.M. and 2:00 P.M.</p> <p>On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident C's Documentation Survey Report v2, that was reviewed at that time and indicated Resident C received a bath or shower on the following days:</p> <p>Monday, 1/31/22 at 4:12 P.M., bed bath</p> <p>Thursday, 2/3/22 at 6:41 P.M., bed bath</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Thursday, 2/10/22 at 4:03 P.M. bed bath</p> <p>Monday, 2/14/22 at 8:30 P.M. bed bath</p> <p>Thursday, 2/17/22 at 6:49 P.M. bed bath</p> <p>Friday, 2/18/22 at 1:59 P.M. bed bath</p> <p>Thursday, 2/24/22 at 4:01 P.M. bed bath</p> <p>Monday, 2/28/22 at 7:32 P.M. bed bath</p> <p>Thursday, 3/3/22 at 6:54 P.M. bed bath</p> <p>Thursday, 3/10/22 at 7:07 P.M. bed bath</p> <p>Monday, 3/14/22 at 9:00 P.M. bed bath</p> <p>Thursday, 3/17/22 at 9:08 P.M. bed bath</p> <p>Thursday, 3/24/22 at 8:45 P.M. bed bath</p> <p>On 3/30/22 at 3:00 P.M., Resident D's clinical record was reviewed. Resident D's Admission Sheet indicated the resident was admitted to the facility on [DATE], with an original admitted [DATE].</p> <p>Resident D's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated [DATE], and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 5, indicating significant cognitive impairment. The resident required extensive assistance in Activities of Daily Living (ADLs), and was totally dependent on physical assistance of 1 for bathing.</p> <p>On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident D's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M.</p> <p>On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident D's Documentation Survey Report v2, that was reviewed at that time and indicated Resident D received a bath or shower on the following days:</p> <p>Tuesday, 1/4/22 at 12:42 P.M. bed bath</p> <p>Tuesday, 1/11/22 at 12:42 P.M. bed bath</p> <p>Tuesday, 1/18/22 at 1:59 P. M. shower</p> <p>Tuesday, 2/8/22 at 9:00 A.M. bed bath</p> <p>Tuesday, 2/15/22 at 1:59 P.M. bed bath</p> <p>(continued on next page)</p>		

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Friday, 2/25/22 at 10:28 A.M. bed bath</p> <p>Tuesday, 3/1/22 at 1:59 P.M. bed bath</p> <p>Friday, 3/4/22 at 10:52 A.M. bed bath</p> <p>Tuesday, 3/8/22 at 11:39 A.M. bed bath</p> <p>Tuesday, 3/15/22 at 1:59 P.M. bed bath</p> <p>Friday, 3/18/22 at 1:59 P.M. bed bath</p> <p>Tuesday, 3/22/22 at 12:22 P.M. bed bath</p> <p>Tuesday, 3/29/22 at 12:07 P.M. bed bath</p> <p>On 3/30/22 at 3:15 P.M., Resident F's clinical record was reviewed. Resident F's Admission Sheet indicated the resident was admitted to the facility on [DATE], with an original admitted [DATE].</p> <p>Resident F's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated [DATE] and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. The resident required extensive to total assistance in ADLs, and was totally dependent with assistance of 2 for bathing activity.</p> <p>On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident F's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M.</p> <p>On 3/30/22 at 11:20 A.M., the Director of Nursing provided Resident F's Documentation Survey Report v2, that was reviewed at that time and indicated Resident F received a bath or shower on the following days:</p> <p>Friday, 2/4/22 at 7:53 A.M. bed bath</p> <p>Tuesday, 2/8/22 at 9:48 A.M. unknown bath type</p> <p>Friday, 2/18/22 at 1:59 P.M. bed bath</p> <p>Friday, 2/25/22 at 10:50 A.M. shower</p> <p>Friday 3/25/22 at 3:20 A.M. bed bath</p> <p>On 4/6/22 at 11:30 A.M., Resident L's clinical record was reviewed. Resident L's Admission Sheet indicated the resident was admitted to the facility on [DATE].</p> <p>(continued on next page)</p>		

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F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Resident L's most recent comprehensive Minimum Data Set (MDS), was a quarterly assessment dated [DATE] and indicated the resident had a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive impairment. The resident required limited assistance in ADLs and supervision for bathing activity.</p> <p>On 3/29/22 at 4:10 P.M., the Director of Nursing provided the facility's shower schedule that indicated Resident L's scheduled bath or shower days were Tuesday and Friday between 6:00 A.M. and 2:00 P.M.</p> <p>On 4/6/22 at 1:00 P.M., the Director of Nursing provided Resident L's Documentation Survey Report v2, that was reviewed at that time and indicated Resident L received a bath or shower on the following days:</p> <p>Thursday, 2/3/22 at 10:08 A.M. shower</p> <p>Monday, 2/7/22 at 10:47 A.M. shower</p> <p>Thursday, 2/10/22 at 10:36 A.M. bed bath</p> <p>Monday, 2/21/22 at 10:25 A.M. shower</p> <p>Monday, 2/28/22 at 11:41 A.M. shower</p> <p>Monday, 3/29/22 at 3:13 A.M. shower</p> <p>On 4/6/22 at 1:00 P.M., the policy titled, .Personal Bathing and Showering, dated 4/25/18, was provided by the Corporate [NAME] President, and reviewed at that time. The policy indicated, .Residents have the right to choose their schedules, consistent with their interests .This includes, but is not limited to, choices about the schedules and type of activities for bathing that may include a shower, a bed-bath or tub bath, or a combination and on different days .</p> <p>This Federal tag relates to complaint IN00374814 and IN00376741.</p> <p>3.1-3(a)(t)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34966</p> <p>Based on interview and record review, the facility failed to ensure 1 of 3 residents reviewed for urinary tract infections, received appropriate treatment and services to prevent a worsening urinary tract infection, when the resident demonstrated signs of a urinary tract infection and when the resident's contaminated urinalysis was not repeated. (Resident C)</p> <p>Finding includes:</p> <p>On 3/30/22 at 10:00 A.M., Resident C's clinical record was reviewed. The resident's Admission record indicated the resident was initially admitted to the facility on [DATE] and readmitted to the facility on [DATE].</p> <p>A review of Resident C's most recent comprehensive Minimum Data Set (MDS) was a quarterly assessment dated [DATE] and indicated the following; Resident C's Brief Interview for Mental Status Score (BIMS) of 15, indicated the resident was cognitively intact. The resident required extensive assistance for transfers and toilet use, was not steady and required staff assistance for moving from seated to standing position and surface-to-surface transfers, and utilized a wheelchair for mobility. Resident C was always incontinent of bladder and frequently incontinent of bowel. Diagnoses included but were not limited to, fall, stroke, anxiety disorder, metabolic encephalopathy. Resident C had a fall in the last month prior to reentry, and recent surgery. The resident received surgery involving the kidneys, and ureters and was on 6 days of antibiotics in the previous 7 days.</p> <p>Review of the Progress Notes included, but were not limited to the following:</p> <p>11/22/21 at 11:34 A.M., Nurse Practitioner (NP) Note indicated, .seen for post covid with urinary sx [symptoms] .She c/o [complains of] dysuria off and on according to son she [has] been delusional over the weekend .</p> <p>11/29/21 at 1:19 A.M., Nurses Note indicated, .resident was lowered to the ground by CNA (Certified Nursing Assistant) while she was being transferred from wheelchair to the bathroom .no injuring [sic] or complain [sic] at this time .</p> <p>11/30/21 at 9:56 A.M., Nurse Practitioner Note indicated, .seen for fell ing [sic] lethargic .She fell the other day she is independent able to transfer herself. she [She's] c/o[complains of] dysuria off and on .She is seen laying in bed and she says she [is] afraid of getting up and said she cannot take care of herself anymore or doesn't want to go back home .We will run labs .</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>12/2/21 at 11:30 A.M., Nurse Practitioner Note indicated, .seen for fell ing [sic] lethargic and alter mental status changes. the last few days she did more complaining about [sic] staff she is post covid she never did mentioned [sic] what is bothering her. She had a fall and she was altos told that she was getting close to dc and since then she just laid in bed .She c/o [complained of] dyssuria off and on .She is seen laying in bed with no effort to eat or drink. She mentioned she [is] afraid of getting up and said she cannot take care of herself anymore or doesn't want to go back home. She is likely making her statement. the [The] labs order [ordered] today she refuses. She appears more pallor .</p> <p>12/2/21 at 12:08 P.M., Nurses Note indicated, .Resident continues to refuse to get out of bed and not do anything for herself. Seen by the Nurse Practitioner who stated vital signs are ok but to send her out to local emergency room due to her being lethargic and altered mental status. Son notified. Resident refused her labs this A.M</p> <p>12/2/21 at 7:40 P.M., Nurses Note.Resident admitted to local hospital with right femur fracture, urinary tract infection, low white blood cell count, and a possible blood clot</p> <p>A review of Resident C's Physical Therapy Notes indicated the following:</p> <p>On 11/24/21 at 9:30 A.M., Resident C .reports that she had pain and discomfort in her abdomen and when she urinates. Nursing is aware and a U/A [urinalysis] has been initiated per pt [patient]</p> <p>On 11/29/21 at 3:10 P.M., Resident C .required coaxing and cueing to eat this day. Pt [patient] is lethargic and confused</p> <p>On 11/30/21 at 3:17 P.M., Resident C .appears to be lethargic and increased confusion. Spoke with NP [Nurse Practitioner] and a U/A [urinalysis] was completed with no findings and lab work is being done to find out why patient is showing a decline</p> <p>On 3/30/22 at 2:23 P.M., the Director of Nursing provided Resident C's clinical record from local hospital, and it was reviewed at that time. The report indicated Resident C was admitted to the local hospital on 12/2/21 at 1:40 P.M. for altered mental status, possible uti, and lethargy.</p> <p>Review of the resident's hospital History and Physical documentation for services provided on 12/15/22 at 4:40 P.M., indicated, .history of pyelonephritis and recurrent UTIs [urinary tract infections], bilateral hydronephrosis and right renal hematoma and had bilateral stents placed at [local hospital] in September 2021 .presented from nursing home to ER [emergency room] on 12/2/2021 with encephalopathy and lethargy .on 12/3/21 patient underwent IR [interventional radiology] guided nephrostograms, right nephrostomy placement, left percutaneous nephroureteral stent placement. Patient also underwent IR guided aspiration of right thigh hematoma and was continued on broad-spectrum antibiotics. Patient underwent right hip hemiarthroplasty with placement of antibiotics spacers, right hip irrigation and debridement on 12/3/21. After procedures patient was admitted to ICU [intensive care unit] on 12/3/2021 for further management/pressor support for septic shock and required transfusion. Patient was started on CRRT [continuous renal replacement therapy]. Infectious disease consulted for E. coli bacteremia and pyelonephritis and per infectious disease recommendation patient will require 6 week of antibiotics</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155496	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/06/2022
NAME OF PROVIDER OR SUPPLIER Valley View Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 333 W Mishawaka Rd Elkhart, IN 46517	
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)		
<p>F 0690</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/31/22 at 10:28 A.M., the Director of Nursing provided Resident C's Urine Culture lab which was reviewed at that time. The documented collection date was 11/23/21 at 00:00 and reported dated was 11/26/21 at 10:33 A.M. The report indicated the lab results were reviewed by the Nurse Practitioner on 11/26/21 at 11:28 A.M. The report indicated, Result .MIXED PATH, PROBABLE CONTAMINATION .</p> <p>On 4/6/22 at 1:05 P.M., the Corporate [NAME] President provided a laboratory order that was reviewed at that time. The order was dated 11/30/21 at 9:44 A.M., to obtain a lab for complete blood count (CBC) and basic metabolic panel (BMP), to be drawn on 12/2/21.</p> <p>On 3/31/22 at 10:51 A.M., an interview with the Nurse Practitioner indicated he reviewed Resident C's urinary report on 11/26/21 and was aware the urine sample was contaminated. The NP indicated he did not assess the resident until he returned to the facility on [DATE]. The NP indicated the Physical Therapist Assistant reported the resident's condition of lethargy and increased confusion to him on 11/30/21 and so he ordered labs to be collected on 12/2/21. The NP indicated labs were collected in the facility only on Tuesdays and Thursdays, so he did not order a urinalysis to be repeated and also indicated he did not repeat the urinalysis because the resident was complaining about everything. It was my bad, we should have repeated the U/A [urinalysis].The NP indicated Resident C refused labs to be drawn on 12/2/21 so decided to send her to the emergency room because she was so lethargic and wasn't acting right.</p> <p>On 3/31/22 at 11:40 A.M., an interview with the Director of Nursing indicated only 1 urinalysis was collected from Resident C in November and December. The Director of Nursing indicated the residents contaminated urinalysis should have been repeated.</p> <p>On 4/6/22 at 12:01 P.M., a document entitled, NURSING FACILITY LABORATORY AGREEMENT, dated 9/28/2018, was provided by the Administrator and reviewed at that time. The laboratory agreement with the facility indicated, .[local laboratory] will provide STAT (life threatening situation) services 24 hours per day, 365 days per year</p> <p>On 4/6/22 at 1:05 P.M., a policy entitled,Laboratory and Radiological Services and Results Reporting, dated 3/22/2019 and revised on 1/18/2022, was provided by the Corporate [NAME] President and reviewed at that time. The policy indicated, .The facility is responsible for the quality and timeliness of services whether services are provided by the facility or an outside resource. There are clinical and physiological risks when laboratory services are not performed in a timely manner or the results of these services are not reported and acted upon quickly. Delays may adversely affect a resident's diagnosis, treatment, assessment and interventions(SOM, 2017) .</p> <p>This Federal tag relates to complaint IN00376068.</p> <p>3.1-41(2)</p>		