STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145652	A. Building B. Wing	03/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley HI Nursing Home	2406 Hartland Road Woodstock, IL 60098

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview, and record review the facility failed to ensure soft and bite sized foods were cut to 1/2 (inch) x (by) 1/2 x 1/2 sizes before plating and serving. This applies to 4 of 4 residents (R36, R64, R105, and R97). The findings include: Facility provided diet order list dated 3/2/26, shows R36 has a diet order of easy to chew with bite sized meats. R105, R64, and R97 have a diet order of soft and bite sized with ground meats. R124 has a diet order of soft and bite sized. 1. On 3/2/26 at 11:24 AM, V14 (Cook) started setting up the second floor kitchenette for service. This included a pan of coined glazed carrots and a pan of a full pot roast, not yet sliced. V14 removed the tin foil covering the pot roast and took a knife to cut the pot roast into approximately one inch sections across the short side of the pot roast, making large slices of pot roast. During service, at 11:54 AM, V14 was seen removing a portion of the large slice, turned it on its face, then diced it into large cubes. At 12:00 PM, V14 placed coined carrots on plates with diced pot roast and this surveyor asked V14 if that plate was for a resident with a diet order of soft and bite sized. V14 confirmed it was and this surveyor requested V14 pause plating until V12 (Food Service Director) determined the coined carrots were appropriate for soft and bite sized. At 12:03 PM, V12 said the glazed carrots should be cut into 1/2 by 1/2 by 1/2 sizes for all soft and bite sized foods, including the coined carrots and meats. V12 had dietary staff go through the second floor dining rooms and fix any already served plates. At 12:06 PM, V16 (Dietary Aide) said V16 did not see any residents already served in the dining room with coined carrots and a soft and bite sized diet order. At 12:07 PM, V15 (Dining Room Manager) said the only other affected residents were R105, R64, and R97 whose plates were done, but their trays were still in the warming cabinet and not yet served. V15 said V14 removed the coined carrots from R105, R64, and R97's plates and put diced carrots on the plates and placed the plates back into the warming cabinet. V14 continued service, dicing all coined carrots prior to plating the remaining soft and bite sized diet orders. 2. On 03/02/2026 at 12:37 PM, R36 was in the dining room on the second floor during the noon meal. R36 was served a piece of pot roast cut into large chunks. R36 put a piece of the roast in R36's mouth and took it out. R36 asked V20 (Dietary Aide) if V20 could cut the meat into smaller pieces. V20 replied, I'm sorry, I can't. R36 said, I need this to be cut into smaller pieces. On 3/2/26 at 12:41 PM, the facility provided test tray of puree, ground, and soft and bite sized pork, pot roast, and carrots was provided. The soft and bite size pot roast was diced into 1/2 x 1/2 cubes on its face, but when turned onto its side, the longest side was approximately 3/4 to 1 and was larger than the size of two thumbnails. On 3/5/26 at 8:51 AM, V17 (Speech Language Pathologist) said V17 has been working with the kitchen since November 2025 to implement the new International Dysphagia Diet Standardization Initiative (IDDSI) texture modified diet orders for the facility. V17 said the facility is approximately four to six weeks into the full implementation and V17 is providing both nursing staff and dietary staff with frequent education and guidance to ensure compliance. V17 said the soft and bite sized diet order, everything should be cut into 1/2 x 1/2 x 1/2 sizes or smaller and should also be soft. V17 said the facility changed to the updated modified texture guidelines under IDDSI in order to make it easier for the staff and the facility to provide residents with their most recent assessed diet order level. V17 said when residents (continued on next page)

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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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	discharge from the hospital and are admitted to the facility, the residents discharge with a diet texture order that follows the IDDSI guidelines. V17 said if a resident receive food that is greater than their assessed limit, this poses a choking hazard. The facility accident and incident log reviewed since November 2025 shows there have been no resident choking incidents since the implementation of the new modified texture guidelines. Facility provided IDDSI training sheets that were hanging in the second floor kitchenette state, Food . Soft & Bite-Sized . All food should be in bite-size pieces (smaller than .5 x .5).

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F 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident?s assessment is updated at least once every 3 months. Based on interview and record review the facility failed to perform MDS-Minimum Data Set assessments every 3 months (92 days) for 3 of 7 residents (R26, R31, R61) reviewed for MDS assessments in the sample of 24.The findings include:On 03/03/2026 R26's MDS assessment has not been performed for 133 days. The MDS started 01/12/2026 shows, in process. R26's last completed MDS assessment was dated 10/20/2025.On 03/03/2026 R31's MDS assessment has not been performed for 126 days. The MDS started 01/26/2026 shows, in process. R31's last completed MDS assessment was dated 10/31/2025.On 03/03/2026 R61's MDS assessment has not been performed for 126 days. The MDS started 01/20/2026 shows, in progress. R61's last completed MDS assessment was dated 10/27/2025.On 03/03/2026 at 12:03 PM, V18 (MDS Coordinator) said, all disciplines must complete the resident assessment before it can be submitted. The MDS assessments should have been completed and submitted sooner. On 03/04/2026 V1 (Administrator) did not provide an MDS policy.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to accurately reflect R3 and R29's status in the MDS-Minimum Data Set for 2 of 7 residents reviewed for accurate MDS in the sample of 24. The findings include:1.R3's Medical Record-Census on [DATE] shows, R3 expired on [DATE].On [DATE] R3's Medical Record did not have a discharge Minimum Data Set (MDS) assessment. The MDS dated [DATE] shows, Admission. On [DATE] at 12:03 PM, V18 (MDS Coordinator) said, (R3) passed away in 12/2025. I missed updating (R3's) MDS.2. R29's Medical Record-Census on [DATE] shows, R29 was discharged [DATE].On [DATE] R29's Medical Record did not have a discharge MDS. The current MDS dated [DATE] shows, In Process.On [DATE] at 12:03 PM, V18 (MDS Coordinator) said, (R29) was discharged [DATE] and that (R29) passed away in the hospital. The MDS nurse for (R29) has resident care duties and fills in when the residents need help. (R29's) MDS needs to be finished.On [DATE] V1 (Administrator) did not provide an MDS policy.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Based on observation, interview and record review the facility failed to ensure a resident who is dependent on staff received assistance with incontinence care. This applies to 1 of 24 residents (R2) reviewed for activities of daily living in the sample of 24. The findings include: On 03/02/2026 at 10:29 AM, R2 was in his room lying in bed, a strong foul odor was present. He said he had an accident. V11 and V12 (Certified Nursing Assistants) removed R2's incontinence brief. R2's incontinence brief was heavily soiled with large amounts of stool from his backside to his lower back. R2's stool soiled through his pants and incontinence pad. V12 asked V11, did the pants have stool on there too? V11 said yes, his pants were soiled with stool. On 03/02/2026 at 10:40 AM, R2 said he was last changed before breakfast and waited a long time for staff assistance.On 3/02/2026 at 12:02 PM, V7 (Licensed Practical Nurse-LPN) said R2 is alert and oriented, he is totally dependent on staff for cares including incontinence care. Staff should check and change him every two hours. R2's current care plan shows he has urinary incontinence, and staff should check and change him. R2's care plan does not show that he has bowel incontinence. The facility's Peri-care Policy and Procedure reviewed 2022, states, Peri-care will be provided to resident in the am, hs (hours of sleep), whenever soiled and prn (as needed).

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure an ordered treatment was in place for one of 24 residents (R42) reviewed for Quality of Care in the sample of 24.The findings include:R42's Face Sheet shows she was admitted to the facility on [DATE], with diagnoses including dementia, chronic diastolic congestive heart failure, atrial fibrillation, hypertension, osteoarthritis, muscle weakness, and localized edema.R42's Orders show an order for Treatment: [NAME] Hose/Tubi Grips special instructions: apply to bilateral (both) lower extremities for edema in the early morning and off at bedtime twice a day. This order started November 20, 2025.On March 2, 2026, at 10:27 AM, V19 (Certified Nursing Assistant-CNA) brought R42 to the bathroom. There were two pairs of tubi grips hanging up on the wall bars that were clean. R42 did not have on ted hose/tubi grips to her lower extremities, nor did the CNA offer to put them on R42. R42's bilateral lower legs were dry and discolored. There was a small amount of edema to both of her legs. V19 helped R42 finish in the bathroom, then brought R42 back out into the dining room. On March 3, 2026, at 11:34 AM V5 (Registered Nurse-RN) said she did not know if R42 had her ted hose/tubi grips on to her bilateral lower extremities. V5 said the ted hose/tubi grips are placed on early morning by night shift. V5 said the treatment is ordered to help eliminate edema and swelling. R42's Medication Administration Record shows that V5 charted that R42 refused her treatment to her lower extremities on Monday, March 2, 2026 3:00 PM-11:00 PM. R42 did not refuse the treatment to her lower extremities on Sunday March 1, 2026 11:00 PM-7:00 AM. R42 did not refused the treatment to her lower extremities any other day from Sunday February 1, 2026-March 1, 2026.R42's Progress Notes for February 2026 show R42's bilateral lower extremities were weeping fluid due to edema and R42 was on an antibiotic for cellulitis. R42's Care Plan, which was started on September 13, 2025, shows R42 is at risk for impaired skin integrity due to fragile skin. Administer treatments as ordered. R42's Care Plan does not include any behaviors that R42 has refused any treatments to her lower extremities.On March 4, 2026, at 12:53 PM, V3 (Director of Nursing-DON) said the facility did not have a policy in regards to following physician orders or treatment orders.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Based on observation, interview, and record review, the facility failed to apply an ordered medicated patch. This applies to 1 of 4 residents (R2) reviewed for medication administration in the sample of 24. The findings include: On 03/02/26 at 10:29 AM, V11 and V12 (Certified Nursing Assistants) provided incontinence care to R2. R2 was heavily soiled with stool from his backside to his lower back. V11 said, He's going to need a new patch. R2's patch was soiled with stool. V11 removed the soiled patch and notified V6 (Registered Nurse- RN). On 03/02/26 at 10:55 AM, V6 (RN) entered R2's room. V6 said the lidocaine patch was placed this morning and removed at night. V6 said I can't put another one on. The patch is on for 12 hours and he's (R2) had it on for 5 hours. V6 said, We are normally not supposed to put on another patch if it comes off. On 03/02/26 at 2:00 PM, R2 was in his room lying in bed. He said V6 has not put the patch back on. On 03/04/26 at 10:03 AM, V5 (RN) said if a resident's medicated patch is removed before the scheduled duration she would call the physician for follow up orders. R2's Medication Administration Record dated March 2026 shows orders to apply adhesive medicated patch 4%, apply two patches to lower back once a day at 6:00 AM and remove after 12 hours at 6:00 PM.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Based on interview and record review, the facility failed to ensure the medication regime review was addressed by the physician. This applies to 1 of 5 residents (R2) reviewed for medication review in the sample of 24. The findings include: R2's Pharmacist's Recommendation to Prescriber report dated 2/6/26 shows, (R2) has been ordered the psychotropic medication Escitalopram 20 mg (milligrams) daily. May we attempt a trial dose reduction to Escitalopram 15 mg (milligrams). The prescriber's response and signature are left blank. On 3/4/26 at 11:41 AM, V2 (Director of Nursing) said, The medication reviews are reviewed monthly in our behavior committee. The facility recently switched providers for psych (psychiatric) services and they did not address the medication reviews from last month. R2's Physician Order Sheets dated March 2026 shows orders for Escitalopram 20 mg daily for anxiety. The facility's Psychotropic Medication Reduction Program Policy reviewed 2022 states, The resident's medication regime will be managed and monitored to promote or maintain the resident's highest practicable mental, physical and psychosocial well being while included those medications, in doses and for the duration clinically indicated to treated the residents assessed condition.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to ensure the served portions of pureed pot roast, pureed pork stir fry, pureed carrots, and pureed soup were served at the appropriate serving size. This applies to 2 of 2 residents (R60, R78) reviewed for pureed foods in the sample of 24. The findings include: Facility provided diet order list dated 3/2/26, shows R60 and R78 receive pureed foods for meals and reside on the second floor. On 3/2/26 at 11:24 AM, V14 (Cook) began preparing for lunch service in the second floor kitchenette by placing the food service pans into and on top of the steam table. V14 finished preparing by placing a green handle scoop into the puree [NAME] pot roast, puree pork stir fry with vegetables, puree glazed carrots, and the puree cream of mushroom soup. V14 said the green handle scoops provide approximately 3 ounces. Menu spreadsheet for the 3/2/26 lunch meal shows the serving sizes should have been as follows: 4 ounces for the [NAME] pot roast, 1 cup (8 ounces) for the pork stir fry with vegetables, 1/2 cup (4 ounces) for the glazed carrots, and 3/4 cup (6 ounces) for the cream of mushroom soup. On 3/5/26 at 9:49 AM, V12 (Food Service Director) said V14 should have used the correct scoops to provide the serving sizes on the diet spreadsheet. Facility provided Accuracy and Quality of Tray Line Service policy states, . 6. Each meal will be checked for: . c. Proper portion sizes .