

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 05/21/2025
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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care by qualified persons according to each resident's written plan of care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to ensure nursing staff who participated in cardiopulmonary resuscitation (CPR) were current in their CPR training and certification for 1 of 3 residents reviewed for cardiopulmonary resuscitation, (Resident E).</p> <p>Finding includes:</p> <p>Resident E's clinical record was reviewed on [DATE] at 10:00 A.M. Diagnoses included but were not limited to pericardial effusion (fluid around the heart), breast cancer, heart valve insufficiency, and hypertension.</p> <p>A nursing progress note dated [DATE] at 1:13 P.M., indicated Certified Nursing Assistant (CNA)11 and CNA 12 went to Resident E's room to provide care and noted the resident had increased difficulty breathing so the CNAs notified the nurse. Licensed Practical Nurse (LPN) 1, indicated upon arrival and initial assessment the resident was unresponsive, without a pulse and respirations. She began CPR, and Emergency Services was called.</p> <p>An untitled document dated [DATE] at 1:20 P.M., was provided by the Director of Nursing on [DATE] at 9:45 A.M. The Director of Nursing indicated the document was a record of the CPR response documentation and time-line that was assembled by the staff following the CPR event. The Director of nursing indicated the times were approximate. The document indicated LPN 1 announced CPR at 12:47 P.M., and connected the Automated External Defibrillator (AED) at 12:49 P.M. RN 4 opened the resident's airway at 12:48 P.M. and began chest compressions at 12:49 P.M., and continued until Emergency Medical Services (EMS) arrived at 12:53 P.M. Resident E was transferred to the local emergency room by EMS at 1:20 P.M.</p> <p>During an interview on [DATE] at 10:50 A.M., RN 4 indicated on [DATE], after performing CPR on Resident E, she went online to obtain her CPR certification. RN 4 indicated her CPR certification was not current at the time she had provided CPR to Resident E.</p> <p>During an interview on [DATE] at 10:53 A.M., LPN 1 indicated her CPR certification had lapsed before performing CPR on Resident E. LPN 1 indicated after performing CPR on Resident E on [DATE], she went online to obtain a current CPR certification.</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 0659</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 10:14 A.M., the Director on Nursing provided an undated policy titled, Cardiopulmonary Resuscitation (CPR), and indicated it was the facility's current policy. The policy indicated the facility would follow current American Heart Association (AHA) guidelines regarding CPR to ensure staff present were properly trained/certified in CPR.</p> <p>This citation relates to Complaint IN00458543.</p> <p>3.1-35(g)(1)</p>		