STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155496	A. Building B. Wing	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley View Healthcare Center	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 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. Based on record review and interview the facility failed to follow the orders to discontinue an ordered anticoagulant for 1 of 5 residents reviewed for medications. (Resident B) Findings include: A record review was completed for Resident B on 5/28/2026 at 2:29 P.M. Diagnoses included, but were not limited to, hemiparesis following cerebral infarction affecting right dominant side and left non-dominant side and essential hypertension. A Discharge with Return Anticipated Minimum Data Set (MDS) assessment, dated 5/19/2026, indicated Resident B's cognition was intact and he took an anticoagulant and antiplatelet. Physician Orders for Resident B included, but were not limited to: -12/17/2026 Eliquis 5 milligrams (mg) 1 by mouth two times a day for blood thinner. On 2/24/2026 Resident B had a visit with his cardiologist. Documents sent back to the facility after the visit included an order, written on a prescription form, to discontinue the Eliquis on 3/26/2026. However, the medication was not discontinued until 4/24/2026. During an interview on 6/2/2026 at 2:10 P.M., the Regional Risk Management Nurse indicated the Eliquis should have been discontinued on 3/26/2026 when the physician's order had been received. A current, undated policy, titled, Physician Orders was provided by the Administrator on 6/2/2026 at 2:59 P.M. The policy indicated, .The nurse that takes the physician order will be responsible for executing the order or provide for the safe hand-off to the next nurse. This citation relates to Intake 303680. 410 Indiana Administrative Code (IAC) 16.2 - 3.1-37(a)

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