

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155605	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Grand Valley Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 621 Grand Valley Boulevard Martinsville, IN 46151	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>Based on record review and interview, the facility failed to ensure medication were administered per the physician's orders for 2 of 5 residents reviewed for unnecessary medications. (Resident 71, Resident 33)</p> <p>Findings include:</p> <p>1. On 6/12/25 at 11:35 a.m., Resident 71's clinical record was reviewed. The diagnoses included, but were not limited to, congestive heart failure and atrial flutter.</p> <p>A Physician's Order for metoprolol (a medication used to slow the heart rate) 50 mg (milligrams) oral tablet extended release daily, initiated 4/6/25. The medication was to be held if the resident's pulse was below 60 beats per minute.</p> <p>The Medication Administration Record indicated on the following dates, the medication was administered when the resident's pulse was below 60 beats per minute:</p> <ul style="list-style-type: none"> - On 5/7/25, 57 beats per minute. - On 5/8/25, 52 beats per minute. - On 5/12/25, 57 beats per minute. - On 5/13/25, 57 beats per minute. - On 5/19/25, 57 beats per minute. - On 5/21/25, 55 beats per minute. - On 5/22/25, 58 beats per minute. - On 5/27/25, 53 beats per minute. - On 6/2/25, 52 beats per minute. - On 6/4/25, 52 beats per minute. - On 6/5/25, 55 beats per minute. <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- On 6/7/25, 57 beats per minute.</p> <p>- On 6/9/25, 53 beats per minute.</p> <p>2. On 6/11/25 at 11:05 a.m., Resident 33's clinical record was reviewed. The diagnoses included, but were not limited to, hypertension, atrial fibrillation, and respiratory failure.</p> <p>The Physician Order Report indicated metoprolol tartrate 25 (mg) milligrams administer half tablet by mouth twice a day. Hold the medication if heart rate was less than 60 or the systolic (the top number in a blood pressure reading) blood pressure was less than 110 (order start date 12/27/24).</p> <p>The May 2025 Medication Administration Record (MAR) indicated to administer metoprolol tartrate 25 mg half tablet twice a day. Hold the medication if heart rate was less than 60 or the systolic blood pressure was less than 110. The MAR indicated the following:</p> <p>- On 5/21/25 at 6:30 a.m. - 10:30 a.m. the medication was administered. The pulse was 57. The clinical record lacked documentation of medication being held.</p> <p>The June 2025 Medication Administration Record indicated to administer metoprolol tartrate 25 mg half tablet twice a day. Hold the medication if heart rate was less than 60 or the systolic blood pressure was less than 110. The MAR indicated the following:</p> <p>- On 6/1/25 at 6:30 p.m. - 10:30 p.m. the medication was administered. The blood pressure was 103/76. The clinical record lacked documentation of medication being held.</p> <p>- On 6/7/25 at 6:30 a.m. - 10:30 a.m. the medication was administered. The blood pressure was 100/56. The clinical record lacked documentation of medication being held.</p> <p>- On 6/9/25 at 6:30 a.m. - 10:30 a.m. the medication was administered. The blood pressure was 101/43. The clinical record lacked documentation of medication being held.</p> <p>During an interview on 6/12/25 at 1:35 p.m., the Director of Nursing indicated per physician order, the medication should not have been administered to the resident on the aforementioned dates.</p> <p>On 6/12/25 at 2:01 p.m., the Corporate Administrator provided the facility's policy, Medication Administration, revised date 4/17, and indicated it was the policy being used. A review of the policy indicated, .To safely administer medications as per physicians' order .20. Always take pulse and B/P as indicated if ordered prior to giving certain cardiac or antihypertensive drugs. Notify the physician if the vital signs are not within the acceptable range .</p> <p>3.1-35(g)(1)</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>Based on interview and record review, the facility failed to ensure designation of a certified Infection Preventionist (IP). The IP did not currently dedicate at least part time hours to the role of IP for 2 of 2 staff members reviewed for IP (Director of Nursing and RN 1).</p> <p>Findings include:</p> <p>On 6/8/25 at 11:30 a.m., the Administrator provided documentation which indicated the Director of Nursing (DON) was the facility's Infection Preventionist (IP) nurse.</p> <p>During an interview on 6/12/25 at 2:05 p.m., RN 1 indicated she was responsible for the infection tracking and monitoring. She had not received certification in Infection Prevention and Control.</p> <p>During an interview on 6/12/25 at 2:05 p.m., the DON indicated she was currently responsible for the infection prevention quality and assurance. She indicated she also worked full time in the facility as the DON and was unable to show she devoted 20 hours each week to infection prevention. She confirmed RN 1 did not have infection prevention certification.</p> <p>During an interview on 6/12/25 at 2:26 p.m., the Corporate Administrator indicated he was aware the facility needed to have a staff member devoted to the IP nurse role which was not the DON.</p> <p>On 6/12/25 at 2:26 p.m., the Corporate Administrator provided the IP job description, Infection Preventionist, dated 2023, and indicated it was the job description currently being used. A review of the job description indicated, . Reports To: Director of Nursing . 5. Infection prevention and control (IPC) training must be sufficient to perform the role of the IP . 6. An IP must have obtained specialized PIC training beyond initial professional training or education prior to assuming the role .</p> <p>On 6/12/25 at 2:26 p.m., the Corporate Administrator provided the DON job description, Director of Nursing, dated 2023, and indicated it was the job description currently being used. A review of the job description indicated, . Summary: . He/she assumes responsibility for nursing service compliance in accordance to facility policy and procedure as well as Federal Regulations and State Rules governing the facility .</p>		