

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on observation, clinical record review, staff interviews and policy review, the facility failed to complete and document appropriate assessments and interventions for the necessary care and services, to maintain the residents' highest practical physical well-being for 2 of 13 residents reviewed (Resident #8 and #17). The facility failed to obtain and complete a treatment order for Resident #8's open area to the right buttocks. The facility also failed to complete neurological assessments after an unwitnessed fall and failed to document urinary assessment after suspecting a urinary tract infection after the fall for Resident #17. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. Resident #8's Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMS) score of 08, indicating moderately impaired cognition. The MDS identified Resident #8 required substantial/maximal assistance with bed mobility and transfers. The MDS documented Resident #8 was frequently incontinent of urine. Resident #8's MDS included diagnoses of hypertension (high blood pressure), chronic kidney disease, type 2 diabetes mellitus, and long term use of anticoagulants. The MDS identified Resident #8 was at risk for developing pressure ulcers/injuries. The MDS documented Resident #8 had moisture associated skin damage (MASD). The MDS documented skin and ulcer/injury treatments in place were a pressure reducing device to chair/bed and applications of ointments/medication other than to feet.</p> <p>The Care Plan with a target date of 3/11/25 revealed Resident #8 was at risk for alteration in skin integrity related to diabetes, neuropathy, incontinence, impaired mobility and history of pressure injuries to heel and buttocks. The Care Plan documented Resident #8 had an open area to the left buttocks on 11/27/24 and an open area to the right buttocks on 12/31/24. The Care Plan directed the following skin interventions:</p> <ul style="list-style-type: none"> -Administer treatment per physician order. -Barrier cream to peri area and buttocks as needed. -Educate the resident and/or family/caregiver as to causes of skin breakdown, including transfers and positioning requirements. -Encourage good nutrition and hydration in order to promote healthier skin. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Encourage to reposition.</p> <p>-Observe skin condition with ADL care.</p> <p>- Pressure reducing device to bed and chair.</p> <p>-Staff to remove the foot pedals from the wheelchair when transport is complete.</p> <p>-Use pillows/positioning devices as needed.</p> <p>A Braden Scale for predicting pressure sore risk completed on 9/20/24 documented Resident #8 scored an 18 indicating he was at risk for skin breakdown.</p> <p>Review of the Progress Notes lacked documentation of an open area to the right buttocks on 12/31/24.</p> <p>A facility form titled ET (Enterostomal Therapy) Services Patient Wound/Skin Assessment Form dated 12/10/24 documented the ET nurse completed a PRN (as needed) visit due to recurrent friction/shearing to Resident #8's bilateral buttocks. The note documented there was one ulceration to the left buttocks. New recommendations were for topical care to bilateral buttocks PRN every 8 hours with breakdown. The topical care consisted of cleansing the area with wound cleanser, dry with gauze, and apply critic-clear mixed with stoma power. The recommendations were signed by the CWON (certified wound ostomy nurse) on 12/10/24. The Physician signed the recommendations on 1/7/25 and Staff C, LPN (Licensed Practical Nurse) noted the order on 1/7/25. Review of the January and February 2025 Treatment Records (TAR) revealed the order was transcribed for the left buttocks only and not the right buttocks.</p> <p>The Non-Pressure Skin Condition Record revealed Resident #8 had a friction/shear wound to his right buttocks that was identified on 12/31/24. The wound measurements were 1.2 cm (centimeters) (length) x 0.6 cm (width). The record indicated the skin was intact with dark pink/red tissue and that the area was a recurring wound.</p> <p>The Non-Pressure Skin Condition Record on 1/7/25 documented Resident #8's wound to his right buttocks measured 2.5 cm (length) x 1.1 cm (width). The record indicated the skin was intact with pink/pale tissue and a Roho cushion (used to prevent pressure/shearing) was in place.</p> <p>The Non-Pressure Skin Condition Record on 1/14/25 documented Resident #8's wound to his right buttocks measured 3.6 cm (length) x 2.2 cm (width). The record indicated the skin was intact with pink/pale tissue and a Roho cushion was in place.</p> <p>The Non-Pressure Skin Condition Record on 1/21/25 documented Resident #8's partial thickness wound (damage to outer layers of skin) to his right buttocks measured 1.3 cm (length) x 2 cm (width). The record indicated there was a red area that measured 3 cm x 2 cm with a 1.3 cm x 2.0 cm open bleeding sore on the right buttocks. The record indicated a Roho cushion was in place.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Non-Pressure Skin Condition Record on 1/28/25 documented Resident #8's partial thickness wound to his right buttocks measured 1.0 cm (length) x 1.2 cm (width). The record indicated there was a red area that measured 4.1 cm x 1.8 cm with a 1.0 cm x 1.2 cm scab with a scant amount of bleeding to the right buttocks. The documentation indicated the base of the wound was not visible due to the scab. The record indicated a Roho cushion was in place.</p> <p>The Non-Pressure Skin Condition Record on 2/4/25 documented Resident #8's wound to his right buttocks measured 5.3 cm (length) x 3.5 cm (width). The record indicated the skin was intact with dark/pink tissue and a Roho cushion was in place.</p> <p>The Non-Pressure Skin Condition Record on 2/11/25 documented Resident #8's wound to his right buttocks measured 5 cm (length) x 2.7 cm (width). The record indicated the skin was intact with pink/pale tissue.</p> <p>Review of the January and February 2025 MAR and TAR lacked a treatment order for the right buttocks.</p> <p>On 2/12/25 at 12:45 PM, the DON (Director of Nursing) verified and acknowledged the clinical record lacked documentation of a treatment being administered to the right buttocks from 12/31/24 until present time. The DON reported the facility had been working on a skin improvement plan that started around 1/24/25. She stated weekly body audits were put into place and the facility planned to provide education to the nurses in the near future on wound management and treatments. She reported the goal was to have all the nurses on the same page regarding process and treatment. She reported that Staff C, LPN/wound nurse, was not always available and all the nurses needed to know what to do. The DON reported that Resident #8 was adamant to sleep in his chair and had episodes of urinary incontinence. She reported the staff would try to get him into bed to help with the sores on his buttocks.</p> <p>On 2/12/25 at 1:45 PM, observed Staff D, LPN complete treatment to the left buttocks. During the treatment observed Resident #8's bilateral buttocks were purple in color. Resident #8 had one open area to his left buttocks and one open area to his right buttocks. The right buttocks open area was red in color without drainage. Resident #8 complained of soreness to the left buttocks during cleansing and when applying the ointment. Staff D reported she was waiting for an order for a treatment to the right buttock. During the treatment observed a Roho cushion in Resident #8's wheelchair with low inflation as the air cells toward the back of the cushion were flat.</p> <p>On 2/12/25 at 2:45 PM, Staff C, LPN/facility wound nurse reported Resident #8 has a high tendency for recurring areas to his right and left buttocks. She reported the wound on the left buttocks was usually worse than the right and would have more bleeding. She stated it was not uncommon for the wounds on his buttocks to close and reopen within a couple of days. Staff C reported Resident #8 was incontinent of urine and in the evening would refuse cares at times. She said Resident #8 would sit in the recliner 75% of the time. She said at bed time he would refuse to change his clothes and liked to sleep in his recliner. She reported the staff tried hard to get Resident #8 to his bed. She reported there are times Resident #8 would start out in bed then get up to go to the bathroom and end up in the recliner. Staff C verified and acknowledged that a treatment for the right buttock was not obtained when the area was identified. She said she did not request an order. When shown the ET Services form dated 12/10/24, she verified she had noted the form on 1/7/25 but did not transcribe the order for the right buttocks on the treatment record as the area was not open at the time on 12/10/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/25 at 9:50 AM, observed Resident #8's Roho cushion in the wheelchair. The Roho cushion air cells were deflated and the cushion was flat. The DON reported the staff had added air to the Roho cushion the previous day and thought maybe the cushion had a hole in it.</p> <p>On 2/13/25 at 11:25 AM, the DON reported Resident #8 was not supposed to have a Roho cushion as they can go flat. She said the staff was to take the cushion from the recliner and put it in the wheelchair. The DON reported residents who have Roho cushions are identified on the TAR and the cushions are checked routinely for the need for inflation.</p> <p>A facility Skin Management Guide revised 11/2023 documented in an event a resident experienced a new non- pressure injury staff are to complete the skin evaluation, notify the attending Physician and family, obtain treatment orders and document in the resident's electronic health record.</p> <p>2. Resident #17's MDS dated [DATE] assessment identified a BIMS score of 12, indicating moderately impaired cognition. The MDS identified Resident #17 required supervision/touching assistance chair/bed transfer and toileting transfers. Resident #17's MDS included diagnoses of cancer, anemia, heart failure, and cerebrovascular accident (CVA) with hemiplegia affecting the left side.</p> <p>The Care Plan with a target date 4/2/25 revealed Resident #17 was at risk for falls. The Care Plan documented Resident #17 was lowered to the floor on 1/6/25 and fell in her room on 2/6/25. The Care Plan directed the following interventions:</p> <ul style="list-style-type: none"> -Assist Resident #17 with ambulation and transfers as needed. -Call light within reach. - Consult with therapy as needed. - Do not leave Resident #17 unattended in the bathroom. -Encourage use Resident #17 to use assistive devices as needed. -Staff to monitor for signs and symptoms of urinary tract infections (UTI) and obtain urinalysis as ordered. -Apply nonskid footwear. -Keep Resident #17 personal care items within reach. -Staff to utilize wheelchair to get Resident #17 to and from the bathroom after 6:30 in the evening. <p>A Physician Order dated 6/12/24 directed staff to administer Eliquis (anticoagulant/blood thinner) 5 MG (milligrams) one tablet one time a day due to cerebral infarction (stroke).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Progress Note titled Incident Report dated 2/6/25 at 11:25 AM documented staff observed Resident #17 sitting on the floor directly in front of the recliner with knees bent and legs to the side. The note documented Resident #17 said I put myself on the floor and it's none of your God damn business. The note documented preventative measures were to obtain urinalysis (UA) and urine culture due to behaviors and dark urine. The note lacked documentation that neurological assessments were started due to an unwitnessed fall and Resident #17 taking an anticoagulant medication.</p> <p>A Progress Note titled Communication with Physician at 11:41 AM documented phone call placed to Physician to report Resident #17 had put herself on the floor. The note documented new orders were received to obtain UA and culture. The note indicated Resident #17 was taken to the bathroom and her urine was dark with sediment in it.</p> <p>Review of the February 2025 Treatment Administration Record revealed the UA was obtained on 2/7/25 at 2:01 PM. The clinical record lacked documentation on the urine characteristics when the UA was obtained.</p> <p>A Progress Note dated 2/7/25 at 10:26 PM documented the facility received lab work on the UA and faxed it to the Physician.</p> <p>Review of the February 2025 Medication Administration Records revealed Resident #17 started Ciprofloxacin HCL (antibiotic) on 2/10/25 for a UTI. The order directed staff to administer 250 MG (milligrams) two times a day for three days.</p> <p>Review of the Progress Notes lacked documentation that the facility received the new order for Ciprofloxacin on 2/10/25. In addition the clinical record lacked urinary assessments and documentation that the staff were monitoring for adverse drug reactions after the antibiotic was started on 2/10/25. The Progress Notes also lacked any urinary assessments from 2/7/25 to 2/10/25 when staff suspected a UTI after the fall on 2/6/25 due to Resident #17's behavior and dark urine with sediment.</p> <p>Review of Resident #17's urine culture with a print date of 2/10/25 showed the culture grew out Klebsiella pneumoniae (gram negative bacteria) > 100,000 CFU/ml (colony forming unit per milliliter).</p> <p>On 2/11/25 at 12 PM, the DON (Director of Nursing) verified and acknowledged the lack of documentation and assessments related to urinary signs and symptoms and antibiotic usage for Resident #17. The DON reported she would expect the nurses to complete Alert Charting in the Progress Notes related to a urinary tract infection. The DON reported the facility had been working on improving their documentation. The DON reported neurological assessments are completed on a paper form. She reported she would expect neurological assessments to be completed with an unwitnessed and if the resident was on an anticoagulant.</p> <p>On 2/11/24 at 3:25 PM, the DON verified and acknowledged neurological assessments were not completed after the unwitnessed fall on 2/6/25 and should have been. She reported she had talked to Staff D, LPN (Licensed Practical Nurse) who had documented the fall and Staff D reported Resident #17 said she did not hit her head during the fall and Staff D did not see or feel anything on her head. The DON acknowledged Resident #17's cognition varied. The DON said Resident #17's cognition ebbed and flowed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Fall Occurrence revised 2/2024 directed staff to initiate neurological assessments for unwitnessed falls and/or falls that are witnessed and resident hit their head.</p> <p>A facility policy titled Alert Charting Guidelines revised 10/2023 documented the purpose of the policy was to provide guidelines for monitoring documentation that may be needed following a change in resident condition or status. The policy documented residents are entered on the Alert Charting Log when they are identified as requiring continued follow up and documentation. Residents should remain on the log for a minimum of 72 hours unless their condition has improved. Documentation in the electronic medical record may include, but not limited to: resident evaluation findings, physician notification and responses, family notification, and any new orders or instruction received.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 - Minimal harm or potential for 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** 46875</p> <p>Based on observation, staff interview, and clinical record review the facility failed to provide appropriate catheter care for 2 of 2 residents reviewed (Resident #12 and #31). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>1. Resident #12's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS identified Resident #12 was dependent on staff with transfer to the toilet and toileting hygiene. The MDS indicated that Resident #12 has an indwelling catheter. Resident #12's MDS included diagnoses of cerebrovascular accident (CVA), benign prostatic hyperplasia, neurogenic bladder (bladder dysfunction caused by nervous system conditions) and retention of urine.</p> <p>The Care Plan with target date of 4/8/25 identified Resident #12 had an indwelling catheter due to a neurogenic bladder. The Care Plan directed staff to ensure a dignity bag remained in place, monitor tubing for kinks/leaks and ensure tubing remained off the floor. The Care Plan revealed Resident #12 was at risk for complications related to chronic urinary disturbance due to recurrent urinary tract infections.</p> <p>On 2/10/25 at 12:54 PM, observed Resident #12's catheter drainage bag without a dignity bag hanging from the handle of the recliner. The catheter drainage bag was resting/touching the floor.</p> <p>On 2/11/25 at 12:47 PM, observed Resident #12 sitting in the recliner with his catheter drainage bag without a dignity bag hanging from the pocket of his roommate's recliner. The catheter drainage bag was resting/touching the floor.</p> <p>On 2/12/25 at 9:24 AM observed Resident #12 sitting in the recliner with his catheter drainage bag inside a dignity bag hanging from the handle on the recliner resting on the floor. The catheter tubing was touching the floor and the bottom of the bedside table.</p> <p>On 2/12/25 at 1:50 PM, the DON (Director of Nursing) reported she expected a dignity bag to be in place and the catheter drainage bag/tubing kept off the floor.</p> <p>The facility Catheter Care: Indwelling Catheter Guidelines revised 12/23 documented the purpose of the guideline was to provide hygiene for patients with indwelling catheters. The guideline directed staff to validate the drainage bag was off the floor and in a dignity bag.</p> <p>26527</p> <p>2) According to the MDS assessment dated [DATE] Resident #31 scored 13 on the BIMS indicating no cognitive impairment. The resident depended on staff for toilet hygiene. The resident had an indwelling urinary catheter. The resident had diagnoses including renal insufficiency, obstructive uropathy, diabetes, non Alzheimer's dementia, and chronic kidney disease.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care Plan with a goal target date of 4/25/25 identified Resident #31 required the use of an indwelling catheter related to obstructive uropathy. Interventions included ensuring a dignity bag remained in place, monitoring tubing for kinks and leaks and ensuring the tubing remained off the floor.</p> <p>On 2/10/25 at 2:08 p.m. Resident #31 stated he had a new catheter put in at a doctor appointment. The catheter bag laid on the floor with no barrier (dignity bag).</p> <p>On 2/11/25 at 10:45 a.m. Resident #31 sat in his recliner, with the catheter bag between his recliner and his roommates, sitting on the floor (with no dignity bag) and the tubing on the floor.</p> <p>On 2/11/25 at 12:54 p.m. Resident #31's catheter bag and tubing remained on the floor.</p> <p>On 2/11/25 at 3:04 p.m. the catheter bag remained on the floor.</p> <p>On 2/13/25 at 8:59 a.m. Resident #31's catheter bag hung in a dignity bag from his walker, with the tubing on the floor.</p> <p>The facility policy Appropriate Use of an Indwelling Catheter revised 12/05, documented a resident would receive appropriate care and services to prevent urinary tract infections while utilizing an indwelling catheter. A care plan would be implemented to detail the treatment regime with tubing and bag care.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	

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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interviews and policy review the facility failed to conduct appropriate assessments, interventions and timely Physician notifications for 1 of 3 residents reviewed (Resident #17) for weight loss. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>Resident #17's Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. The MDS identified Resident #17 required set up or clean up assistance with eating. The MDS documented Resident #17 did not have a 5% weight loss in the last month or 10 % weight loss in the last 6 months. Resident #17's MDS included diagnoses of cancer, anemia, heart failure, and cerebrovascular accident (CVA) with hemiplegia affecting the left side.</p> <p>The Care Plan with target date 4/2/25 revealed Resident #17 had a potential for altered nutritional status related to stroke, diagnosis of heart failure, anemia and history of urinary tract infection. The Care Plan directed staff to give supplements as recommended, provide diet as ordered and assess for signs/symptoms of aspiration or any difficulty swallowing.</p> <p>A Physician Order dated 11/4/24 directed staff to administer Boost supplement 4 ounces two times a day for weight loss.</p> <p>The January 2025 Medication Administration Record (MAR) revealed Resident #17 had taken as needed Zofran (antiemetic) 4 MG (milligrams) one tablet 20 times for nausea or vomiting during the month of January.</p> <p>The Weight Summary documented Resident #17 had a Body Mass Index (BMI) of 15.7 and the ideal body weight was 125 to 164 lbs (pounds). The weight summary documented an admission weight of 105 lbs on 4/30/24. Review of the weights documented revealed Resident #17 had weight gain after admission. The following weights were documented during the last 6 months:</p> <p>2/5/25- 103 lbs</p> <p>1/28/25- 104 lbs</p> <p>1/14/25- 109.6 lbs</p> <p>1/10/25- 109.8 lbs</p> <p>12/21/25- 112 lbs</p> <p>11/9/24- 112 lbs</p> <p>8/3/24- 117 lbs</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility report titled Nutrition- amount eaten from 1/13/25 to 2/11/25 revealed Resident #17 intakes had decreased and varied throughout the 30 days. Resident #17's intakes were averaging 25-50%.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 112 lbs on 12/21/24 and weighed 104 lbs on 1/28/25 which was a 7.14% weight loss in one month. Review of the clinical record lacked documentation of a nutritional assessment, lacked documentation that additional weight loss interventions were implemented and lacked documentation the Physician and family were notified of the significant weight loss.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 103 lbs on 2/5/25 and had lost an additional pound since the last weight recorded on 1/28/25 of 104 lbs.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 109.8 lbs on 1/10/25 and weighed 103 lbs on 2/5/25 which was a 6.19% weight loss in a month.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 112 lbs on 11/9/24 and weighed 103 lbs on 2/5/25 which was a 8.04% weight loss in the last 3 months.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 117 lbs on 8/3/24 and weighed 103 lbs on 2/5/25 which was a 11.97% weight loss in the last 6 months.</p> <p>Review of the clinical record lacked documentation of a nutritional assessment, lacked documentation additional weight loss interventions were implemented and lacked documentation the Physician and family were notified of the significant weight loss from 2/5/25.</p> <p>On 2/11/25 at 1:45 PM, the DON (Director of Nursing) reported she had a family meeting on 2/10/25 to discuss Resident #17's plan of care including weight loss and nutrition. The DON reported snacks are kept at bedside to encourage Resident #17 to eat. She stated Resident #17 was not a big eater and according to her husband has not been her entire life. She said at the meeting yesterday the husband had reported Resident #17 had eaten the same breakfast every day which included 2 pieces of peanut butter toast, a banana and a piece of bacon. She reported she had communicated this to the Dietary Manager. She said the facility was going to print out menus for the husband and Resident #17 to go through and pick out items that Resident #17 likes to eat. The DON reported during the meeting they also discussed having Resident #17's plate positioned on her right side and to turn the plate as she ate due to her left side visual deficit. She reported staff provides verbal prompts in the dining room to encourage Resident #17 to eat. She said the facility had addressed and continued to evaluate/address her GI (gastrointestinal) medications with the Physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/11/25 at 3:20 PM, the DON reported Resident #17's weights were to be obtained weekly to monitor her weight per nursing discretion. She said the weekly weights were not a Physician's order. She reported she called the Dietician regarding Resident #17's weight loss. The DON reported the Dietician was at the facility on Friday, 2/7 and was aware of the weight change. She reported the dietician had not completed her documentation or provided recommendations as she had become ill. The DON reported the staff obtain the resident's monthly weights during the first 9 days of each month and on the 10th day of each month she would review the weights and make appropriate notifications to the Physician, family, dietician. She reported the charge nurses monitor the daily and weekly weights. The DON verified and acknowledged nothing had been done with Resident #17's weight that was obtained on 1/28/25 that showed a weight loss.</p> <p>Review of the Weight Summary revealed Resident #17 weighed 102.8 lbs on 2/11/25 at 2:14 PM.</p> <p>The facility policy titled Weight Monitoring Policy adopted 01/99 documented every resident would be accurately weighed at least monthly and the healthcare team would compare that weight with 30 days and 180 days prior. The policy further documented weights would be communicated to the Physician and family immediately as significant changes occur. The healthcare team would implement appropriate interventions based on weight changes to provide optimal resident care. The policy section titled monitoring indicated that residents weighed weekly would need to have their 30 and 180 days weights calculated weekly. The policy documented the weekly weights are to be reviewed by the DON or designee and consultant registered dietician to identify weight change trends that need to be acted upon quickly. The policy section titled notification documented the physician and family are both to be notified immediately of any significant unintentional weight changes, whether expected or not. Documentation of this notification must be present in the medical record. The policy section titled nutrition assessment documented the consultant registered dietician was to complete a full nutrition assessment of the resident with an initial significant weight change that poses a nutrition risk. The consultant dietician was to assess and document on all residents with significant weight changes monthly. The policy section titled interventions documented nutrition interventions are to be initiated by the healthcare team immediately when an unintentional weight loss occurs that poses a nutritional risk whether significant or not.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527</p> <p>Based on record review and staff interview, the facility failed ensure a resident had a current order for administration of as needed (PRN) psychotropic medications for 1 of 5 residents reviewed (Resident #28). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #18 scored 7 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident had diagnoses including Alzheimer's disease, stroke, depression, restlessness and agitation.</p> <p>The Care Plan with a goal target date of 3/26/25 identified Resident #18 utilized a psychotropic medication related to Alzheimer's disease, depression, and agitation/anxiety (end of life). Interventions included administering medications as ordered.</p> <p>Hospice orders dated 9/26/24 included Lorazepam 0.5 mg tablet, 1/2 tab every 4 hours PRN for agitation/anxiety.</p> <p>A Pharmacy Review-General Recommendation documented the need for follow up with the provider as the order for PRN Lorazepam required supplemental documentation in order to remain active, including a clinical rationale for why the order needed to continue and the duration for which the order was to remain active. The physician responded the resident was on hospice and continue Lorazepam for 14 days and reassess dated 10/7/24.</p> <p>The order was good through October 21, 2024.</p> <p>A Pharmacy Review-General Recommendation documented the need for follow up with the provider as the order for PRN Lorazepam required supplemental documentation in order to remain active. The physician responded the resident was on hospice and on the lowest effective dose. Continue for 14 days and follow up dated 11/4/24.</p> <p>The order was good through November 18, 2024.</p> <p>A Pharmacy Review-General Recommendation documented the need for follow up with the provider as the order for PRN Lorazepam required supplemental documentation in order to remain active. The physician responded the resident was on hospice and on the lowest effective dose. Continue for 14 more days and follow up in 14 days, dated 12/2/24.</p> <p>The Medication Administration Record (MAR) for November 2024 showed Resident #18 received Lorazepam 0.25 mg on 11/19/24 at 10:56 a.m., 11/25/24 at 11:01 a.m., and 11/26/24 at 1:24 p.m.</p> <p>The resident did not have an order for Lorazepam covering November 19-26, 2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/13/25 at 9:46 a.m. the Administrator stated she was unable to find orders to cover all the dates for PRN Lorazepam including the end of November. She said the provider only ordered the Lorazepam for 14 days each time.</p> <p>The Administrator supplied a policy but it did not cover antianxiety medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review, staff interviews and policy review, the facility failed to utilize a Paid Nutritional Assistant (PNA) appropriately for 1 of 6 residents reviewed (Resident #14). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>Resident #14's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 08, indicating moderately impaired cognition. The MDS identified Resident #14 required partial/moderate assistance with eating. The MDS documented Resident #14 has had weight loss and was on a mechanically altered diet.</p> <p>The Care Plan with a target date 3/5/25 revealed Resident #14 had the potential risk for altered nutritional status related to increased weakness and comfort care. The Care Plan directed staff to assess for signs and symptoms of aspiration or any difficulty swallowing.</p> <p>Review of the clinical record revealed Resident #14 had a diagnosis of dysphagia (difficulty swallowing).</p> <p>A Physician Order dated 12/7/22 directed staff to administer a mechanical soft textured diet.</p> <p>An undated/untitled handwritten list provided by the facility documented PNAs assisted Resident #14 with eating.</p> <p>On 2/11/25 at 10:29 AM, Staff A, PNA reported she provided assistance to Resident #14 at supper time. When asked how much assistance she provides Resident #14, she said a lot of assistance. She said most of the time she has to feed Resident #14. Staff A stated she made sure to give Resident #14 her two supplements. When asked if there are any residents she was not to assist with eating, she said no. She said she usually helps the residents that are at the feeder's table.</p> <p>On 2/11/25 at 10:58 AM, Staff B, PNA reported she had helped Resident #14 eat and drink. When asked if there were any residents she was not to assist, she said no. When asked if she assists residents with a history of swallowing problems and/or has mechanically altered diets, she said yes. She said she will not assist the residents with swallowing problems until the nurse explains what she was to watch for while feeding them. She reported Resident #14 was difficult in a way as she can't get her to wake up at times to eat. She said Resident #14 was good about taking her supplement with a straw. She reported she had to provide Resident #14 physical assistance to eat.</p> <p>On 2/11/25 at 12:00 PM, the Administrator acknowledged the PNA's were assisting Resident #14 with eating. The Administrator reported Resident #14 was not exhibiting any difficulty with swallowing and had an appropriate diet in place. The Administrator reported she does the PNA training and educates the PNA's to monitor for changes in swallowing such as increased drooling. The Administrator reported there was a nurse to supervise the PNA's when they were assisting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	
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 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility policy titled Paid Nutritional Assistant revised 7/12 documented qualified and trained Paid Nutritional Assistants may be utilized, under supervision mandated by the Federal requirement, Section 483.160, to feed and assist residents who have been assessed as not requiring the dining assistance of a licensed nurse or certified nurse aide. The policy further documented Residents who exhibit concerns with recurrent lung aspirations, difficulty swallowing, or enteral/parenteral feeding regimens will be fed only by nurses, nurse aides, or other licensed health professionals, such as the Speech Language Pathologist.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165353	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/13/2025
NAME OF PROVIDER OR SUPPLIER Valley Vue Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 108 Second Ave Armstrong, IA 50514	

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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26527</p> <p>Based on record review and staff interview, the facility failed to ensure a resident received a pneumococcal vaccine for 1 of 5 residents reviewed (Resident #28). The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) assessment dated [DATE] Resident #28 had short term memory problems and modified independence with cognitive skills for daily decision making. The resident had diagnoses including down syndrome and cognitive communication deficit. The MDS indicated the resident's pneumococcal vaccine was not up to date, and not offered.</p> <p>An Admission Influenza and Pneumococcal Vaccination Information form showed Resident #28's responsible party signed the resident would like to receive the pneumonia vaccine, dated 8/19/24.</p> <p>The clinical record lacked documentation the resident had received the pneumonia vaccine or why she had not.</p> <p>On 2/13/25 at 8:42 a.m. the Director of Nursing (DON) brought a Resident Vaccine Audit and wrote in the date started 12/1/24. She stated she had not gotten to Resident #28 yet. At 11:24 a.m. the DON stated the physician said Resident #28 had not had the vaccine because she was not 65 yet.</p> <p>A fax from the clinic read the resident had not received the Pevnar 20 because she was not yet [AGE] years of age.</p> <p>The CDC Pneumococcal Vaccine Timing for Adults dated October 2024 directed to make sure your patients are up to date with pneumococcal vaccination. Adults greater or equal to [AGE] years of age to complete pneumococcal vaccine schedules and showed the options included PCV20 (Pevnar 20).</p>