

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165427	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Valley Vista for Nursing and Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 200 South Eighth Avenue East Newton, IA 50208	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>46873</p> <p>Based on clinical record review, resident and staff interviews, and facility policy review, the facility failed to provide consistent bathing for the residents residing in the facility for four of twenty four days reviewed. The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) of Resident #4, dated 1/23/25 identified a Brief Interview for Mental Status (BIMS) score of 15, which indicated cognition intact. The MDS coded the resident required substantial/maximal assistance to shower/bathe self.</p> <p>The Care Plan of Resident #4, review date 2/13/25, documented the resident required two staff assistance for bathing.</p> <p>On 3/31/25 at 9:50 am, Resident #4 stated during her stay in the facility over the last two months she had missed showers multiple times. She stated this made her feel unclean.</p> <p>2. The MDS of Resident #6, dated 1/28/25 identified a BIMS score of 12, which indicated moderate cognitive impairment.</p> <p>The Care Plan of Resident #6, review date 1/21/25, failed to document bathing status.</p> <p>On 3/31/25 at 2:12 pm, Resident #6 stated he primarily used a washcloth at the sink and gave himself sink baths and washed his own hair in the sink. He stated he didn't like the way staff gave showers and described it as just being wheeled in and stuck under the water. He stated when staff had provided a shower, they often did not wash his hair and didn't feel he got clean.</p> <p>3. The MDS of Resident #9, dated 3/12/25, identified a BIMS score of 15, which indicated cognition intact. The MDS coded the resident required substantial/maximal assistance to shower/bathe self.</p> <p>The Care Plan of Resident #9, review date 1/21/25, documented the resident required two staff assistance for bathing.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/1/25 at 9:33 am, Resident #9 stated she had been bed bound for the last several weeks following a medical procedure in February. She stated she was only getting bed baths at this time and sometimes had not received them as scheduled. She stated she sometimes refused baths because some staff wanted to provide a bed bath with wet wipes instead of soap and water. She stated she preferred to wait for a bath by staff members who she knew would give her a bath how she wanted it done. She said some staff were in a rush and just wanted to wipe her down and not get her clean.</p> <p>On 4/1/25 at 10:38 am, the Assistant Director of Nursing (ADON) stated she maintains packets of the bathing schedules. She stated the staff member who provides a shower/bath is to document the shower in the resident's Electronic Health Record (EHR), fill out a bath sheet, and sign the packet. She said the packet included what type of bath (shower or bed bath), if the resident's bedding was changed, etc. She stated that she made an audit book to keep track of the residents' receiving showers. She said she then tracks the showers in the EHR, the bath sheets and the packets and places the information onto the audit forms.</p> <p>The ADON stated bed baths should never be given with wet wipes and she was not aware of the situation. She stated she was aware of one former employee who was doing bed baths using wet wipes and that employee was educated and corrected. She stated she will provide further education to staff regarding the proper procedures for bathing.</p> <p>Review of the bathing audit sheets for March of 2025, completed on 4/1/25, revealed the following:</p> <p>On Monday 3/3/25, twenty (20) facility residents were scheduled to receive a bath or shower. Of the 20 scheduled residents, 14 of them received no bath that day and no make up bath the following day.</p> <p>On Tuesday, 3/4/25, twenty (20) facility residents were scheduled to receive a bath or shower. Of the 20 scheduled residents, 18 of them received no bath that day and no make up bath the following day.</p> <p>On Wednesday, 3/5/25, twenty (20) facility residents were scheduled to receive a bath or shower. The audit sheet showed one staff member, Staff A, Certified Nurse Aide, was assigned to complete 11 of the 20 baths/showers. Staff A documented all 11 of the residents refused to shower that day. Of the remaining residents, other staff members completed five of the scheduled bathing and three other residents had no documentation of the bath or shower being completed.</p> <p>On Friday, 3/7/25, nineteen (19) facility residents were scheduled to receive a bath or shower. Only one resident was documented as having received a shower that day.</p> <p>On 4/1/25 at 1:40 pm, the ADON stated the audit sheets were correct and she had no record of the resident baths being completed on 3/3/25, 3/4/25 or 3/7/25. In regards to Staff A on 3/5/25, she stated the expected procedure if a resident refuses bathing, to approach the resident a total of three times and if the resident refuses all three times, the staff member is to report the refusal to the charge nurse and the charge nurse will speak to the resident. She said Staff A does not have a record of not completing scheduled bathing and this day was an isolated incident. She stated she spoke to him and he told her it was an especially busy evening shift and it was late in the shift when he attempted to start baths. She said many residents were already lying in bed and did not want to get back up and receive a bath at that time.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/2/25 at 8:15 am, the Administrator stated they try to have shower aides scheduled to give the majority of the baths. She stated if there is not a shower aide scheduled, then the scheduled baths are split up and the Certified Nurse Aides as well as the Certified Medication Aides. She said each staff member will typically have three to four baths to complete during an eight hour shift and it would not be a normal occurrence for a single staff member to have 11 baths in one shift. She said the resident baths are given six days a week and divided between the day shift and the evening shift. She stated they are currently looking at the bathing schedule and speaking to residents on their preferences to make sure the schedules can be completed.</p> <p>The facility policy Activities of Daily Living (ADLs), Supporting, revision date March 2018, documented the following:</p> <p>Policy Statement: Residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p> <p>Point 2: Appropriate care and services will be provided for residents who are unable to carry out ADLs independently, with the consent of the resident and in accordance with the plan of care, including appropriate support and assistance with:</p> <ul style="list-style-type: none"> a. Hygiene (bathing, dressing, grooming, and oral care); b. Mobility (transfer and ambulation, including walking); c. Elimination (toileting); d. Dining (meals and snacks); and e. Communication (speech, language, and any functional communication systems).