STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	17E591	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Valley Health Care Center	400 12th Street Valley Falls, KS 66088

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41037 The facility identified a census of 23 residents. The sample included 13 residents, with one resident reviewed for trauma informed care (treatment or care directed to prevent re-experiencing or reducing the effects of traumatic events). Based on observation, record review, and interviews, the facility failed to identify trauma-based triggers related to Resident (R) 2's post-traumatic stress disorder (PTSD- mental disorder characterized by an acute emotional response to a traumatic event or situation involving severe environmental stress) and failed to implement individualized interventions to prevent re-traumatization. These deficient practices placed R2 at risk for decreased psychosocial well-being and ineffective treatment. Findings included: - R2's Electronic Medical Record (EMR) from the Diagnosis tab documented diagnoses of PTSD, schizoaffective (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought) and anxiety (mental or emotional reaction characterized by apprehension, uncertainty, and irrational fear). The Annual Minimum Data Set (MDS) dated [DATE] documented a Brief Interview for Mental Status (BIMS) score of 15 which indicated intact cognition. The MDS documented R2 had an active diagnosis of PTSD. The MDS documented R2 had daily behaviors that were not directed toward other residents. The MDS documented R2 had delusions (misconceptions or beliefs that are firmly held, contrary to reality) and hallucinations (perceptual experiences in the absence of real external sensory stimuli). The MDS documented R2 had received antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality), antianxiety (a class of medications that calm and relax people), hypoglycemic (a class of medication used to lower blood sugar), and opioid (a class of controlled drugs used to treat pain). R2's Behavioral Symptoms Care Area Assessment (CAA), dated 03/19/25 documented she had received several psychotropic medications to help control her mood and behaviors. (continued on next page)

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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F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's Care Plan dated 04/15/22 documented she had a diagnosis of PTSD and the staff would complete an annual trauma-based assessment. The plan of care documented R2 had nightmares, avoided situations, felt guarded, and detached herself from activities. The plan of care dated 02/09/23 documented the staff would complete her annual trauma-based assessment. The plan of care documented the nursing staff would notify the physician of any concerns or any abnormal behaviors. The plan of care lacked what trauma had caused her PTSD or what might possibly cause her to be retraumatized. The plan of care lacked personalized interventions to assist her with coping with her PTSD. R2's EMR under the Assessment tab revealed the following Primary Care PTSD Screen dated 04/19/24 which documented R2 had answered yes to having nightmares or thoughts about her PTSD when she did not want to. The PTSD assessment documented R2 had answered she was constantly on guard, watchful, and was easily startled. On 04/07/25 at 07:14 AM R2 stood in her room with the curtains pulled closed and the room light was off, as she looked through the top drawer of her dresser. On 04/09/25 at 09:10 AM, Certified Nurse Aide (CNA) M stated he was not aware of any residents with the diagnosis of PTSD. CNA M stated a resident with PTSD would have it listed on their care plan with any events that would possibly retraumatize them. On 04/09/25 at 09:20 AM, Licensed Nurse (LN) G stated staff could look in the resident's EMR under the diagnosis tab to find out who had a PTSD diagnosis and the type of trauma and any possible events that could cause them to be retraumatized. LN G stated everyone had access to the resident's care plan and their Kardex (nursing tool that gives a brief overview of the care needs of each resident). On 04/09/25 at 12:23 PM, Administrative Nurse D stated she expected a resident who had a diagnosis of PTSD to have a trauma-based assessment at the time of admission, annual, significant change, and as needed with any changes. The facility's Trauma Informed Care policy dated 1109/21 documented the facility would ensure residents who are trauma survivors received culturally competent, trauma-informed care accounting for the resident's experiences and preferences.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 41713 The facility identified a census of 23 residents. The sample included 13 residents. Based on record review and interview, the facility failed to provide a Registered Nurse (RN) for at least eight consecutive hours a day seven days a week. This placed the residents at risk of decreased quality of care. Findings included: - The Payroll Based Journaling (PBJ) report provided by the Centers for Medicare & Medicaid Services (CMS) for Fiscal Year (FY) 2024 quarter one, quarter two, quarter three, and quarter four indicated data was suppressed though the facility did not meet the reasons for suppressed data other than inaccurate data or failure to report. The PBJ report indicated 74 days in FY 2024, the facility did not have a registered nurse (RN) for eight consecutive hours for each 24 hours. A review of the time clock information, and payroll data revealed the facility did not have eight consecutive hours of RN coverage for all but seven days (12/09/23, 01/14/24, 01/15/24, 01/16/24, 01/21/24, 01/24/24, and 07/07/24). A review of the facility's monthly working nurses' schedule and RN clock in and clock out times from 10/01/24 to 03/31/25 revealed the facility did not have RN coverage for eight consecutive hours during each 24 hours for 44 of the 182 days. On 04/09/25 at 12:33 PM, Administrative Nurse D stated she covered as the RN on duty a lot. Administrative Nurse D stated either herself or one of the corporate float RNs covered most of the required RN hours but did not always have an RN every weekend. Administrative Nurse D stated the facility did have an ad out for the need of an RN but had not had much luck with applicants. On 04/09/25 at 12:38 PM, Administrative Staff A stated the facility had Administrative Nurse D and one corporate RN that covered the RN hours. Administrative Staff A stated the facility had an ad out in the community for an RN position but had not been able to fill the position yet. Administrative Staff A stated the facility did their best to ensure an RN on duty daily, but was not always able to cover every day, mostly on the weekends. The Competent and Sufficient Staffing policy dated September 2024 documented the facility would provide the sufficient number of nursing staff with the skill sets and competency necessary to provide care and services for all residents in accordance with resident care plans and the Facility Assessment. A licensed nurse, RN, or Licensed Practical Nurse (LPN) was designated as the charge nurse on each shift. The director of nursing (DON) may serve as the charge nurse only when the average daily occupancy of the facility was 60 or fewer residents. The RN provided services at least eight consecutive hours every 24 hours, seven days a week. RNs may be scheduled for more than eight hours depending on the acuity needs of the residents.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41713 The facility identified a census of 23 residents. The sample included 13 residents, including five residents reviewed for unnecessary medications. Based on observation, record review, and interview the facility failed to ensure staff notified the physician when Resident (R) 11's physician ordered insulin (a hormone that lowers the level of glucose in the blood) was refused or held. This deficient practice placed R11 at risk of unnecessary medication administration and related complications. Findings included: - R11's Electronic Medical Record (EMR) documented diagnoses of type 2 diabetes mellitus (a chronic condition where the body either does not produce enough insulin or cannot effectively use the insulin it produces, leading to high blood sugar levels), schizoaffective disorder (a mental disorder characterized by gross distortion of reality, disturbances of language and communication, and fragmentation of thought), and congestive heart failure (CHF - a condition with low heart output and the body becomes congested with fluid). R11's Annual Minimum Data Set (MDS) dated [DATE], documented she had a Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition. R11 was independent with most functional activities, but did require set-up and staff assistance for bathing and partial staff assistance with personal hygiene. R11 was continent of bladder and bowel. R11 received insulin injections daily, during the seven day lookback period. R11 also received an antipsychotic (a class of medications used to treat major mental conditions that cause a break from reality) and a diuretic (a medication to promote the formation and excretion of urine) medication regularly. R11's Functional Abilities Care Area assessment (CAA) dated 07/23/24 documented she was alert and able to make her needs known. R11 was mostly independent with her activities of daily living (ADL). She needed set-up help with showering, and supervision with eating. R11 needed redirection by staff and encouraging words. R11 would get anxious with her mental illness. Her level of assistance would depend on her mood and behaviors. Staff encouraged her to keep being as independent as possible, and staff helped as needed. R11's Care Plan last revised on 04/07/25 directed staff to administer her insulin as ordered by her physician. Staff were directed to monitor the resident's blood glucose as ordered by the physician and as needed. Staff were directed to notify the resident's physician if her blood sugars were not within parameters. R11's Order Summary in the EMR recorded a physician's order dated 05/11/20 for blood glucose monitoring before meals related to her type two diabetes mellitus. Staff were to notify the physician if the resident's blood glucose was greater than 350 milligrams (mg) per deciliter (dl) (a unit of measurement used in medicine to express the concentration of a substance in a fluid sample, such as blood) or below 70 mg/dl. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's Order Summary in the EMR recorded a physician's order dated 06/04/24 for Novolog (a quick acting insulin used to lower blood sugars) solution 100 unit per milliliter (ml). Staff were to inject 55 units of the medication subcutaneously (SQ - beneath the skin) with meals for type 2 diabetes mellitus and administer within 15 minutes of the resident eating, twice daily. The order lacked parameters to hold or notify the physician. A review of R11's Medication Administration Record (MAR) from November 2024 documented 90 opportunities for the administration of her scheduled Novolog of 55 units. R11 refused the administration of her Novolog on three of 90 opportunities. Staff held R11's Novolog due to her vitals being outside of parameters for administration on three of 90 opportunities. R11's Progress Notes in the EMR from 11/01/24 to 11/30/24 lacked staff documentation that R11's physician was notified of the Novolog being held or R11's refusals. A review of R11's December 2024 MAR documented 93 opportunities for administration of her scheduled Novolog of 55 units. R11 refused administration of the Novolog on 12 of 93 opportunities and staff held R11's Novolog due to vitals being outside of parameters for administration on four of 93 opportunities. R11's Progress Notes in the EMR from 12/01/24 to 12/31/24 lacked staff documentation that R11's physician was notified of the Novolog being held or R11's refusals. A review of R11's January 2025 MAR documented 93 opportunities for administration of her scheduled Novolog of 55 units. R11 refused the administration of the Novolog on four of 93 opportunities. R11's Novolog was held due to vitals being outside of parameters for administration on four of 93 opportunities. R11's Progress Notes in the EMR from 01/01/25 to 01/31/25 lacked staff documentation R11's physician was notified of the Novolog being held or R11's refusals. A review of R11's February 2025 MAR documented 84 opportunities for the administration of her scheduled Novolog of 55 units. R11 refused the administration of the Novolog on two of 84 opportunities. R11's Novolog was held due to her vitals being outside of parameters for administration on four of 84 opportunities. R11's Progress Notes in the EMR from 02/01/25 to 02/28/25 documented a General Note dated 02/03/24 stating the primary provider's office was notified of frequent refusals of her Novolog and no new orders were received. R11's Progress Notes lacked staff documentation that R11's physician was notified of the Novolog being held or R11's refusals after 02/03/25. A review of R11's March 2025 MAR documented 93 opportunities for the administration of her scheduled Novolog of 55 units. R11 refused the administration of the Novolog on four of 93 opportunities. R11's Novolog was held due to vitals being outside of parameters for administration on three of 93 opportunities. R11's Progress Notes in the EMR from 03/01/25 to 03/31/25 lacked staff documentation that R11's physician was notified of the Novolog being held or R11's refusals. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of R11's April 2025 MAR from 04/01/25 to 04/07/25, documented 21 opportunities for the administration of her scheduled Novolog of 55 units. R11 refused the administration of the Novolog on two of the 21 opportunities. R11's Progress Notes in the EMR from 04/01/25 to 04/07/25 lacked staff documentation that R11's physician was notified of the Novolog being refused. On 04/08/25 at 11:20 AM, R11 walked from her room to the dining room for lunch. On 04/09/25 at 11:17 AM, Licensed Nurse (LN) G stated the physician should be notified any time that R11 had refused her Novolog. LN G stated R11 did not have hold parameters for her Novolog since it was a scheduled dose amount and not a sliding scale amount. LN G stated R11's Novolog should not be held if the order did not have specific hold parameters included. On 04/09/25 at 12:23 PM, Administrative Nurse D stated R11 did have scheduled Novolog she was ordered to receive three times daily. Administrative Nurse D stated R11's Novolog was a scheduled amount and did not have hold parameters in the order. Administrative Nurse D stated any time R11 refused or if the medication was held the nurse was expected to document that the physician had been notified. The Notification of Changes policy revised 04/27/18 documented the facility would inform the resident, the resident's physician, and the resident's representative of any changes in the resident's status. The facility would immediately inform the resident, consult the physician; and notify, consistent with his or her authority, the resident representative when there was a need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment).

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 41713 The facility identified a census of 23 residents. Based on interview, and record review the facility failed to submit accurate staffing information to the federal regulatory agency through Payroll Based Journaling (PBJ), when the facility failed to submit accurate registered nurse (RN) coverage hours. Findings included: - The PBJ report provided by the Centers for Medicaid and Medicare (CMS) for Fiscal Year (FY) 2024 quarter one, quarter two, quarter three, and quarter four FY 2024 documented the following triggered areas: The quarter one PBJ documentation revealed the facility had a one-star staffing rating and documented no RN hours. The facility failed to have information for RN clock in and out times for staff hours on 10/01/23, 10/15/23, 10/28/23, 10/29/23, 11/05/23, 11/11/23, 11/12/23, 11/19/23, 11/22/23, 11/23/23, 11/24/23, 11/25/23 11/26/23, 12/03/23, 12/09/23, 12/10/23, 12/17 /23, 12/23/23, 12/24/23, 12/25/23, 12/30/23, and 12/31/23 during quarter one of FY 2024. The PBJ report provided by CMS for FY 2024 for quarter two revealed the facility had a one star staffing rating, RN hours, and noted the facility failed to have licensed nurse coverage 24 hours per day. The facility was unable to provide requested RN clock in and out times for staff hours on the following dates: 01/01/24, 01/06/24, 01/07/24, 01/14/24, 01/27/24, 01/28/24, 02/03/24, 02/04/24, 02/11/24, 02/17/24, 02/18/24, 02/25/24, 03/02/24, 03/03/24, 03/10/24, 03/16/24, 03/17/24, 03/30/24, and 03/31/24. The facility was able to provide documentation of clock in and out times for RN coverage on 01/15/24, 01/16/24, 01/20/24, 01/21/24, and 01/24/24, but that information was not submitted in the PBJ as required. The PBJ report provided by the CMS for FY 2024 quarter two revealed the facility had a one star staffing rating, RN hours, and noted the failed to have licensed nursing coverage 24 hours per day. The facility was unable to provide the requested RN clock in and out times for staff hours on the following dates: 04/07/24, 04/21/24, 04/27/24, 04/28/24, 05/11/24/24, 05/12/24, 05/19/24, 05/25/24, 05/26/24, 05/27/24, 06/08/24, 06/22/24, 06/25/24, The facility was unable to provide the requested RN clock in and out times for staff hours on the following dates: 07/04/24, 07/06/24, 07/14/24, 07/20/24, 07/21/24, 07/28/24, 08/03/24, 08/04/24, 08/11/24, 08/16/24, 08/17/24, 08/31/24, 09/02/24, and 09/19/24. The facility was able to provide punch times for RN coverage on 07/07/24 and 09/19/24, but that information was not submitted in the PBJ as required. (continued on next page)

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 04/09/25 at 12:38 PM, Administrative Staff A stated there were times when the facility had RN coverage, but did not have a way to log the hours when Administrative Nurse D and/or a corporate float RN worked so those hours were not submitted for the PBJ. The facility failed to provide a policy regarding PBJ reporting.